

NOR-MAN REGIONAL HEALTH AUTHORITY

2010-2011 ANNUAL REPORT







NOR-MAN REGIONAL HEALTH AUTHORITY 2010 - 2011 ANNUAL REPORT

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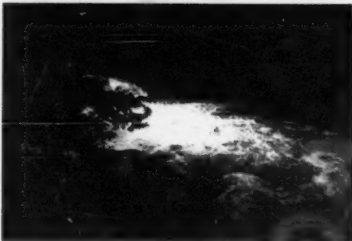
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OUR REGION



Covering a large geographical area (72,000 sq. km) and servicing a population of approximately 25,000, the NOR-MAN region consists of a combination of pristine wilderness and rural settings. In addition to the abundance of natural habitats and array of diverse ecosystems, the NOR-MAN region is rich in culture, which truly exemplifies all that is Canadian. The NOR-MAN region is indeed multicultural, welcoming all in the warm fashion that has made our country great!

Climb the Canadian Shield rock formations near Flin Flon, swim in Clearwater Lake (the world's second clearest lake) or paddle the Grass River Corridor like the voyageurs of the fur trade era. The NOR-MAN region is a clean environment that is enjoyed by tourists from around the world with seasonal festivals and diverse recreational opportunities.

The major industries in the NOR-MAN region are mining, forestry, tourism, hydro electricity and government services. With modern healthcare facilities, post-secondary education institutes, libraries, schools (Cree and French immersion education available), and a variety of recreation facilities you will discover a blend of bustling urban districts coupled with peaceful country living. With safer communities, the NOR-MAN region is a smart alternative for both single individuals and families who wish to relocate from all parts of Canada and the world!

Serving the communities of:

Flin Flon

The Pas/Opaskwayak Cree Nation

Snow Lake

Cranberry Portage

Wanless

R.M. of Kelsey

Moose Lake/Mosakahiken Cree Nation

Sherridon/Cold Lake

Cormorant

Grand Rapids/Misipawistik Cree Nation

Easterville/Chemawawin Cree Nation

Pukatawagan/Mathias Colomb Cree Nation

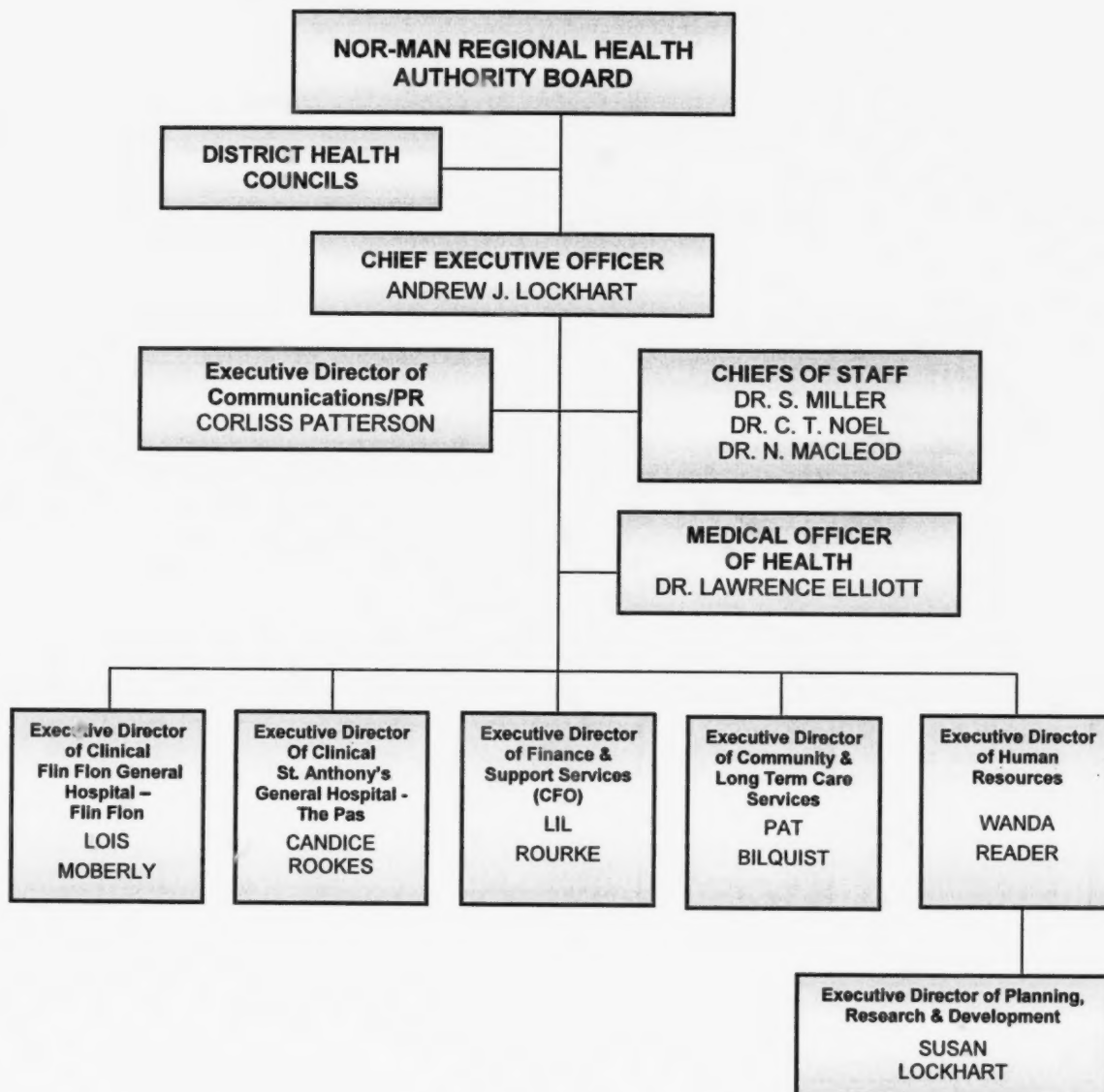
Our Vision & Mission

Healthy People in Healthy Communities
"Working Together To Improve Our Health"

NOR-MAN REGIONAL HEALTH AUTHORITY

Organizational Chart

2010-2011



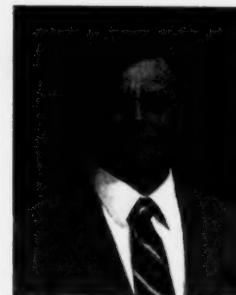
Senior Management Team

During the 2010/11 fiscal year, Senior Management Team remained status quo. With the release of the NOR-MAN RHA (NRHA) Review report on May 20, 2011, there have been recent changes to our leadership, with the appointment of Interim CEO, Helga Bryant. We anticipate additional changes will be occurring. Currently discussions and planning has begun on addressing the Ministerial approved recommendations. We anticipate that both restructuring of our Leadership Team and redirection of our programming as we move forward.



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A Message from Doug Lauvstad Board Chair



September 30, 2011

The Honourable Theresa Oswald
Minister of Health
Room 302, Legislative Building
Winnipeg, Manitoba
R3C 0V8

Dear Ms. Oswald:

On behalf of the Board of Directors, I have the honour to present the Annual Report for the NOR-MAN Regional Health Authority, for the fiscal year ended March 31, 2011.

This Annual Report was prepared under the Board's direction, in accordance with The Regional Health Authorities Act and directions provided by the Minister of Health and is formally approved at our Annual General Meeting. All material, economic and fiscal implications known as of March 31, 2011 have been considered in preparing the Annual Report.

Respectfully submitted on Behalf of
NOR-MAN Regional Health Authority,

Doug Lauvstad

Doug Lauvstad
Board Chair



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A Message from Helga Bryant Interim Chief Executive Officer



September 30, 2011

Mr. Doug Lauvstad
Board Chair
NOR-MAN Regional Health Authority

Dear Mr. Lauvstad:

It is with pleasure that I submit the 2010/2011 Annual Report for the Board's consideration.

On behalf of the NOR-MAN Regional Health Authority I would like to acknowledge some highlights of this year. We again received additional funding for the Northern Patient Transportation Program; this program as you are well aware is critical to supporting the care of our citizens. The demands on this Program continue to increase and in spite of increases, the spending levels exceed the funding levels and we continue to diligently make attempts to reduce the accumulated deficit created by this Program during the past eleven (11) years.

Following extensive consultation with our residents and stakeholders, we completed our third Community Health assessment in April 2010. It was these learnings that guided the Board in the development of a new Strategic Plan for 2011-2016 inclusive of Vision, Mission, Values and Strategic Directions that will provide guidance over the next 5 years.

Key projects approved in this fiscal year include CT Scanner replacement in The Pas and a new EMS Station in Flin Flon; these projects will enhance our ability to provide quality services to our Region.

A Public Forum in December of 2010 resulted in the Minister of Health calling for an External Review of the Region. This review was conducted in the last quarter of the reporting year with the Report being released in May of 2011. The Region welcomed the Review Team and participated as requested in providing input and information to the Review Team. The report, when released, was welcomed by the leadership of the Regional Health Authority and we commit to working together with you and the Board, our communities and our staff in implementing the recommendations. In May of 2011, you as Board Chair appointed me, Helga Bryant as Interim Chief Executive Officer. It is my privilege to hold this position and support the Region until such time as the Board successfully completes the CEO recruitment process.

In closing, I would take this opportunity to acknowledge the work of staff in the Region over this past year; it has been challenging from many perspectives and we continue to need and welcome support from Manitoba Health. We thank the Board for their support during this year and look to journeying forward under the direction of the Board, the new Strategic Plan and the Review Recommendations.

Sincerely,

A handwritten signature in cursive script, appearing to read "Helga Bryant".

Helga Bryant
Interim Chief Executive Officer

BOARD PROFILES

Doug Lauvstad - The Pas

Doug is currently the Executive Director, of the Northern Manitoba Sector Council, an association of northern Manitoba largest industry sectors (mining, forestry, energy). He was seconded to the council in 2007 from his position as Executive Director, The Pas Campus at the University College of the North. During his 19 years at the University College of the North (formerly Keewatin Community College) he has held a number of senior management and administrative positions, notably in executive management, administration, marketing and communications. He is also a member of The Premier's Economic Advisory Council, North Forks Economic Development Commission and NOR-MAN Regional Health Authority Board of Governors. Born and raised in The Pas, Doug has a keen interest in northern economic and social issues. He has an MBA from Athabasca University (2002).

Doris Habermann - Flin Flon

Doris retired in 2001 after 40 years of nursing, 30 years of it in Flin Flon. She is a former Board member of Manitoba College of Licensed Practical Nurses, Manitoba Nurses Union, Flin Flon Crisis Centre and Women's Shelter, Keewatin Community College and the former President of Flin Flon Nurses Union. Doris has served/chaired many committees, i.e. Workplace Health & Safety, Political Action, Education, Governance, Ownership Linkage. She is presently Treasurer of Flin Flon NDP Association, Treasurer for Flin Flon & District Labour Co-Ordinating Committee, regional rep to Congress of Union Retirees of Canada (CURC) and a Volunteer on Manitoba Safe Workers of Tomorrow Education team. Doris is very active on committees dealing with women's issues and people living with disabilities and is committed to life-long learning.

Allan Rivard - La Ronge, SK

Allan Rivard of La Ronge, Saskatchewan is a Director on the Mamawetan Churchill River Regional Health Authority Board in Saskatchewan. Allan was a former Area Director for the Northern Region 1 of the Métis Nation - Saskatchewan. He has chaired the Jim Brady Development Corporation and the Northern Development Board and is currently Secretary-Treasurer for the Keewatin Career Development Corporation. Allan was also a founding member of the local chapter of the Inter-provincial Association of Native Employment.

Dan Davie - Wanless

Dan retired after thirty-two years of being self-employed in the tourism and food service industries in northern Manitoba. He entered into municipal politics in 1995 and still continues today. He is President of the Community Development Corporation, Vice-Chair of Kelsey Conservation District, Director for Manitoba Conservation District Association, Secretary-Treasurer of Cedar Lake Community Futures, Director of Community Futures Partners in Manitoba, Director of The Pas & Area Recycling Center, 1st Vice-President for the Norman Regional Development Corporation, Co-Chair for Highway 283 Task Force which links Northern Manitoba to Western Canada and Director for the Hudson Bay Route Association.

Gretta Redahl - Flin Flon

Throughout the years of community service Gretta has come to respect and applaud the individuals that have contributed to the valiant effort of bringing forward visions for the good of the whole community. Gretta believes that in the nineteen years of work as Administrator of the Flin Flon Public Library she has had the opportunity to work in a variety of multi-discipline organizations such as Greenstone Community Futures Economic Development board, Co-Founder of the Healthy Flin Flon, Member of the Provincial and National Healthy Communities Networks, Director Chamber of Commerce, Chair of the Steering Committee Northern Neighbours Foundation for the future generation of six Northern Communities. She was also a Member of the Manitoba Library Association, Member on the Canada Task Force on Rural and



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Remote Ministries for the Presbyterian Church of Canada. The experiences gained from the exposure and lessons learned in the above - taught Greta that only when people create the will to work together in a cooperative manner - success of the completed vision will be accomplished.

Vivian McKenzie - Cranberry Portage

Vivian has been a teacher since 1992, and currently teaches Adult Education and monitors Apprentice Programs at Frontier Collegiate in Cranberry Portage. Vivian has lived in Cranberry since 1998 and has worked with teenage and single parent families as part of the education program. She has volunteered for a number of community projects and was a board member and chair of the Child/Family Resource Centre in Cranberry until 2006. Vivian has always been interested in health matters and taught women's health and wellness and parenting skills as part of her adult program. She has two grown children and was involved with many community activities in Brandon where they lived for 17 years prior to moving to the Norman Region. Vivian spent one year teaching in Sherridon, MB in 1995 and two years on the Ebb & Flow Reserve near Ste. Rose.

Ernie Hunt - Pukatawagan

Ernie is from Highrock and a member of the Mathias Colomb Cree Nation. With a wide range of training, he has had an extensive and diverse work history both on and off the community of Pukatawagan. He takes great pride in contributing to "bridge-building" initiatives leading to better working relationships for First Nations people. Past volunteer commitments have included service in Tribal Health Councils; Legal Aid; and the United Way as well as fundraising for school projects. At this time, the main focus is on the grandchildren who enjoy spending their summers being "at camp" learning about nature and the way we used to live as strong, proud, and spiritual family clans.

John Marnock - The Pas

John was appointed to the Board in April, 2008. He currently sits as Board Treasurer and also Chair of the Audit Committee. He previously was a Board Member from 2001 to 2007 and sat as Vice - Chair. John retired in 2006 after 32 years in municipal government. He was Chief Administrative Officer for the Town of The Pas prior to retirement. He is a past Northern Director of the Manitoba Association of Municipal Administrators. John currently sits on the Complaints Committee of the College of Physicians & Surgeons of Manitoba. John and his wife Sheila have 3 children and 5 grandchildren.

Marion Milner - Cranberry Portage

Marion Milner is a retired R.N. and has lived in Cranberry Portage for the past 45 years. During this time she has been involved in the Cranberry Portage ambulance as both an instructor and attendant. She is a member of the Town Council and Chair of the town Planning Committee. Marion has also implemented and run a single parent residence program; worked as a nurse in the Pas and Flin Flon and as a home care nurse in Cranberry Portage. She also has several years experience in managing the Physician Clinic in Cranberry Portage. At the present time she is a casual employee of Frontier Collegiate. Marion is extremely interested in healthcare and care of the elderly in their own homes.

Beverley Atkinson - Snow Lake

Bev is the Community Development Officer in Snow Lake and promotes tourism and business development. She has enjoyed being the Executive Director for the provincial organizations of UNICEF and Associated Manitoba Arts Festivals, and travelled most of the province organizing fund raising for the Canadian Diabetes Association. Bev has served on many volunteer boards and committees, and works with most of the organizations in Snow Lake. Travelling, golf and walking are some of her favourite activities.



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Trevor Lane - The Pas

Trevor was born and raised in Mount Pearl Newfoundland and soon after completing his P.E. and Ed degree he found himself teaching in Norway House, MB. While there, he was lucky to find his future wife and now live in The Pas with their 2 year old daughter Dreux. Trevor currently teaches physical education at the middle school half time and fills the role as assistant principal for the other half. For the past 6 years he has served a term on The Pas Town Council and has been heavily involved in many volunteer organizations within the Town. Trevor understands that quality health care is vitally important for all and it's his goal to help continue and improve upon the present and future health care needs of everyone in the Norman region.

Cal Huntley - Flin Flon

Cal has worked for Hudson Bay Mining and Smelting Co., Limited for 33 years in progressively senior roles. He is currently the Contracts Administrator for HBMS with significant experience as a Human Resource professional and tradesperson. He has been heavily involved in his community serving 3 terms (12 years) on Flin Flon City Council and is currently in his 16th year as a Director on the Board for Community Futures Greenstone committed to economic development in the region. He is also the Chair of the Board for the local Employee Family Assistance Program. Cal was one of the originating Board members of the new Northern Manitoba Mining Academy currently being built in Flin Flon and the original HBMS representative on the HudBay Million Dollar Anniversary Fund responsible for supporting numerous green and community issues in the local area. In accepting his recent appointment to the NRHA Board, he continues to support his community and the region.

Eddie Turner - Cormorant

Eddie is the School Administrator in Cormorant as well as a classroom teacher and Adult Education Resource. She is involved with, and supports, many youth and community initiatives. Eddie has been the Chair of Equity in Social Justice for Frontier School Division as well as The Manitoba Teachers' Society. She has served on the Youth Justice Committee from 2002-07 and is the Lighthouse Program Chair for Cormorant.

Norval Desjarlais - Grand Rapids

Norval has been employed with various health organizations in Manitoba. During Norval's time with Health Canada's Medical Services Branch (1978-1988) he held the position of Regional Coordinator. In this position he provided alcohol and drug abuse prevention programs to all First Nation Bands and communities. From 1988-2008, Norval held positions such as health educator, facilitator for First Nations and Métis Communities, Tribal Councils in Winnipeg, South East region, Brandon, Thompson and The Pas.

Glen Ross - The Pas

Glen has 20 years experience in economic administrative development processes. Glen has a degree from the University of Regina and has served as Chief of Opaskwayak Cree Nation. Glen's unique blend of skills will be an asset to the organization.



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DISTRICT HEALTH COUNCIL MEMBERSHIP

Flin Flon DHC

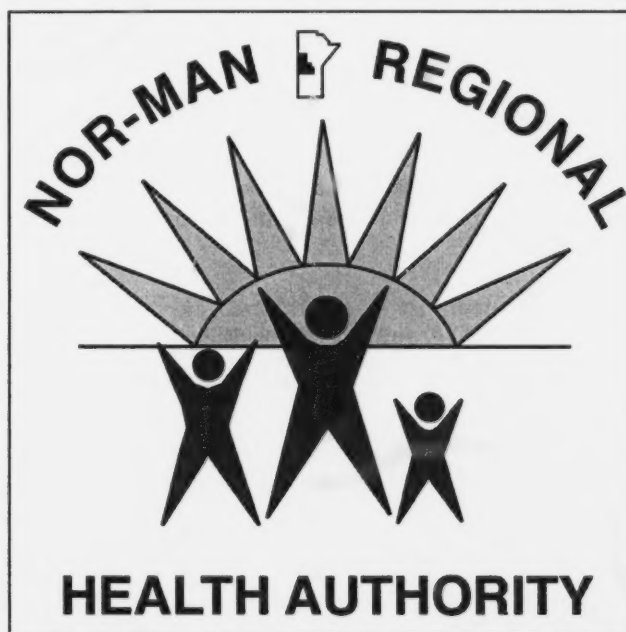
Laurel Mackie (Chair)
Jean Putko
Linda Lautamus
Charlene Logan
Brenda Russell
Colleen Arnold
Katie Kawerski
Laurence Gillespie

The Pas DHC

Gladys Thorne (Chair)
Kim Gurba
Audrey Maksymchuk
Cindy Nordick
Hazel Hyde

Easterville DHC

Ethel McKay (Chair)
Sherri Packo
Diane Constant
Brenda Stevenson



Moose Lake DHC

Elsie Cooper

Snow Lake DHC

Betty Rudd (Co-Chair)
Anne Marie Butt (Co-Chair)
Barb Elliott
Judy Steeves
John Humeniuk
Maxine Dodds
Margaret Yoder
Wanda Huff

Cranberry Portage DHC

June Haybittle (Chair)
Debbie McLauchlan
Dolores Samatte
Kelly Jacobson
Elise Morin

Grand Rapids DHC

Randy Huff (Chair)
Alice T. Cook
Connie Young
Arnold Ballantyne

Cormorant DHC

Marcella Fenner
Edie Turner
Doreen Wishart



DISTRICT HEALTH COUNCILS

There were no changes to the District Health Council structure in 2010-11. There continue to be eight District Health Councils in the region. District Health Councils are an important link between the communities they represent and the NRHA Board and staff. Their purpose is to:

- Advise and assist the Board of the NRHA on community health issues and priorities;
- Actively participate in local health initiatives; and
- Be a liaison between their community and the NRHA Board of Directors.

District Health Councils meet monthly from September to June and consist of community members who are appointed by and report to the NRHA Board of Directors. Each DHC is assigned a staff liaison and a NRHA Board representative.

Flin Flon - Sponsored Christmas at the Zoo; Women of Honour Awards; Breakfast with Santa; and the NOR-MAN Winter Games. They also developed and distributed a Health and Support Group listing brochure.

Cranberry Portage - Sponsored Cranberry Portage Elementary School Nutrition Program; sponsored Jubilee Recreation of Cranberry Portage for the purchase of healthy snacks; assisted the Nor-Man Breast & Women's Cancer Network with the Pink project; hosted a diabetes luncheon presentation; and they sponsored youth activities with the Cranberry Portage Child/Family Resource Centre.

Snow Lake - Sponsored the P.A.R.T.Y. Program in Snow Lake for grade 10 students; sponsored the Family Fun Festival (health fair) in May ; and sponsored the after school snack program at the Family resource Centre

Easterville - Sponsored an essay and drawing contest for preschool/Head Start age children through to Grade 12 students. Topic of this contest was Healthy Eating and Health Living.

Grand Rapids - Assisted with Culture Camp for youth; partnered with Manitoba Hydro's fishing derby; and awareness day for Heart and Stroke Foundation. Assisted with a community garden established in the community and the school Green House project.

The Pas - Arranged for presentations from the Community Dietitian; the Quality Scorecards and ongoing NRHA programs

Cormorant - Sponsored a barbeque for Métis Days; and sponsored a Blue Light project.

Moose Lake - Sponsored a Blue Light project; moms and tots programs with books and healthy snacks; and a family ice fishing derby.

FUTURE STRATEGIES...

- Ongoing recruitment of new members.
- Continue to advise and assist the Board and the NRHA on community health issues and priorities.
- Develop an annual priority plan to set priorities and guide operations.
- Ongoing participation in the ongoing CHA process and community consultation activities including hosting Community Report Back sessions on the CHA and Strategic Plan.



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VISION / MISSION

Healthy People in Healthy Communities
"Working Together to Improve Our Health"

RHA BOARD

Doug Lauvstad, Chair (*The Pas*)

Beverley Atkinson (*Snow Lake*)

Dan Davie (*Wanless*)

****Norval Desjarlais** (*Grand Rapids*)

Doris Habermann (*Flin Flon*)

Ernie Hunt (*Pukatawagan*)

****Cal Huntley** (*Flin Flon*)

****Trevor Lane** (*The Pas*)

John Marnock, Treasurer (*The Pas*)

Vivian McKenzie (*Cranberry Portage*)

Marion Milner (*Cranberry Portage*)

Gretta Redahl (*Flin Flon*)

Allan Rivard (*Laronge, SK*)

****Glen Ross** (*OCN*)

****Edith Turner** (*Cormorant*)

****Appointed April 2011**

VALUES

- Dynamic, innovative, realistic, inclusive and stable leadership.
- Honesty, respect, truthfulness and effective, open communication with those we work with and serve.
- Informed choices for people and personal responsibility for health, wellness & safety.
- Being responsive to the unique needs of individuals & communities;
- A fundamental quest for excellence in all facets of the organization;
- The person's right to informed, participatory decision making;
- The person's right and need for confidentiality of information;
- Innovative, cost-effective approaches in an evidence-based environment;
- Proper accountability and prudent expenditure of public funds; and
- Personal and professional growth and development for Board and staff to meet emerging challenges.

Board Ends & Strategic Priorities

The NRHA Board of Directors has set out 4 Board Ends and related Strategic Priorities for the NRHA:

HEALTHY COMMUNITIES

- ❖ Increased public awareness of health care services.
- ❖ Increased resident involvement in activities that promote healthy lifestyles & personal well-being.
- ❖ Increased awareness of illness caused by physical environmental factors.
- ❖ Increased culture of trust, cooperation and strong partnerships with Aboriginal groups, community agencies & other jurisdictions responsible for health.
- ❖ Increased understanding of regional health needs.

OPTIMAL ACCESS TO SERVICES

- ❖ Increased on-site resources in our outlying communities.
- ❖ Improved access to service through primary health care.
- ❖ Increased knowledge of Primary Health Care.
- ❖ Increased specialty services and programs based on demonstrated need & cost effectiveness.
- ❖ Maintenance & improvement to our infrastructure.
- ❖ Increased use of technology.
- ❖ Increased awareness NPTP.
- ❖ Reduced jurisdictional barriers to improve access to services.

HEALTHY PEOPLE

- ❖ Decreased incidence & prevalence of chronic illnesses (including but not limited to Diabetes, tobacco-related illness, Cancer, Cardiovascular, Renal).
- ❖ Increased awareness of Mental Health and Co-occurring Disorders initiative (CODI) and expansion of services accordingly.
- ❖ Reduced incidence of suicides.
- ❖ Decreased incidence & prevalence of addictive practices and behaviors.
- ❖ Improved infant/ child/ youth health & promotion of healthy lifestyles.
- ❖ Reduced incidence of injuries & poisonings.
- ❖ Improved women's health & promotion of healthy lifestyles.
- ❖ Improved men's health & promotion of healthy lifestyles.
- ❖ Improved senior's health & promotion of healthy lifestyles.

EXCELLENCE IN PATIENT SAFETY & QUALITY OF CARE

- ❖ Ensure safety and quality of care by:
 - Creating a culture of patient safety;
 - Coordinating services across the continuum; and
 - Creating a work life and physical environment that supports the safe delivery of care.
- ❖ Ensure accountability within the health system.
- ❖ Ensure evidence-based decision-making is used throughout the organization.
- ❖ Ensure sustainability within the health system by:
 - Optimizing the efficiency and effectiveness in the use of resources;
 - Ensuring an adequate and skilled workforce; and
 - Developing northern Human Resources

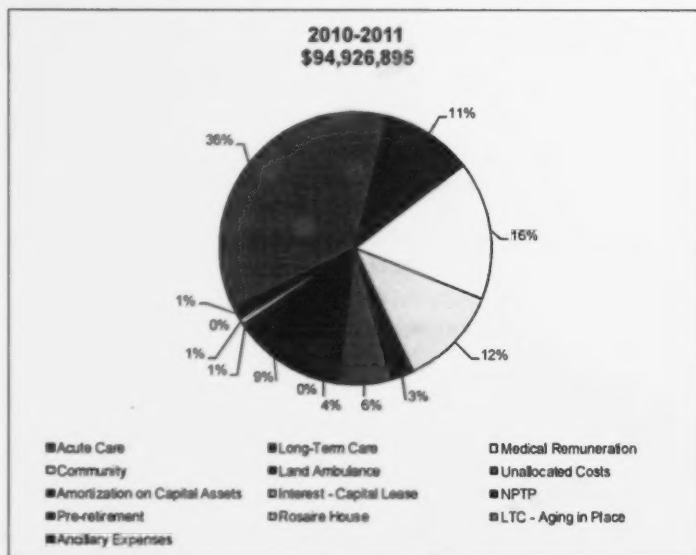


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BOARD GOVERNANCE

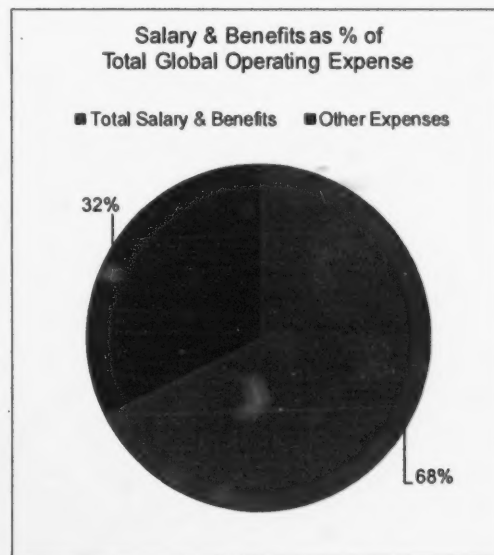
- **Community Health Assessment** – 2009/10 CHA completed and based on this report the Board developed their 2011-16 Strategic Plan which was submitted to Manitoba Health in December 2010.
- **Health Plan** – Approved by the Board and submitted to Manitoba Health in June each year.
- **District Health Councils** – The Board appoints a Board liaison on each DHC to ensure a strong linkage to our communities.
- **Board Meetings** – Board meetings are open to the public and advertised on our web-site. Minutes of Board meetings are also posted on the NRHA web-site.
- **Board Committees** – The following Committees are in place:
 - **Audit Committee:** The primary function of this committee is to assist the Board in overseeing that the NRHA Management maintains:
 - an adequate system of internal controls,
 - the integrity of the NRHA's financial statements, and
 - processes to ensure compliance by the RHA with all applicable legal and regulatory requirements and NRHA policy.
 - **Public Affairs Committee:** This committee is the Board as a whole and its primary function is to:
 - apply the principles of Continuous Quality Improvement (CQI) in order to examine and address ways to improve the services we offer clients through improved leadership and through the development and maintenance of partnerships with clients, staff, key stakeholders, and the communities.
 - **Executive Committee:** The primary functions of this Committee is to:
 - make urgent decisions on behalf of the Board only when it is not feasible to convene a Board meeting.
 - identify alternatives and implications for the Board's consideration following review of reports regarding perceived breaches of the Bylaws.
 - identify alternatives and implications for the Board's consideration on any matter directed by the Board.
 - **Governance Team:** This committee is the Board as a whole and its primary function is to:
 - represent the Board in the Accreditation Canada survey process through the Governance CQI Team in November 2011.

FIGURE 1 % OF ALLOCATION OF TOTAL EXPENSES BY PROGRAM AREA



Source: MH Management Information System

FIGURE 2 SALARY & BENEFITS AS % OF TOTAL GLOBAL OPERATING EXPENSE



Source: MH Management Information System



BOARD ENDS STATEMENTS

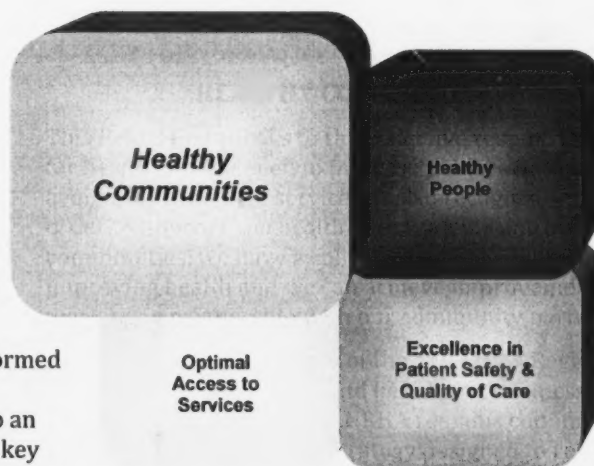
The NOR-MAN Regional Health Authority's Mission is "Healthy People in Healthy Communities – Working Together to Improve Our Health".

To achieve this Mission a focus on wellness is critical. The Board developed 4 Ends Statements to meet our Mission as follows:

HEALTHY COMMUNITIES

This Board End speaks to the collective responsibility for health and the need to increase public awareness of available health care services. It also recognizes that in order to improve the health of our people and our communities, we have a collective responsibility for improving health and we can achieve improvements by working in partnership with our community partners.

We strive to keep residents of the NOR-MAN Region informed about their health system and health and wellness opportunities. As such, the NRHA remains committed to an effective communications strategy designed to reach its key audience – residents of the NOR-MAN Region.



ACCOMPLISHMENTS...

- **Communications** - Communications is a subcommittee of Human Resources CQI Team. The Committee's focus has been on analyzing and addressing the Work Life Pulse Accreditation Survey Report that specifically speaks to "communication" in our organization.
- **NRHA Services Overview** - A NRHA Service Chart providing a summary of all programs and services by community is developed annually and circulated to partnering agencies and posted on our website.
- **NRHA Website** - We have a public website in place and it is regularly updated. All NRHA public documents are posted on the website: www.norman-rha.mb.ca
- **Board Meetings** - Board Meetings are rotated between The Pas and Flin Flon and are open to the public. Annual General Meetings are rotated amongst NRHA communities. Our Annual General Meeting was held in The Pas in October 2010 and was well attended with various presentations being made by NRHA Staff. A number of healthcare concerns were brought forward by community members in attendance.
- **Green Team** - Our Green Team continues to promote our Green Strategic Action Plan that focuses on nine (9) key strategies.
- **Grants** - Considerable effort has been made by NRHA staff and other external community partners to obtain external grants for priority initiatives within the region. In 2009-10, \$1,665,768 in grants was obtained. See *NRHA Partnerships - Grants Figure 3 on Page 14*.



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- **Intersectoral Partnerships** - A number of staff members participate on intersectoral partnership committees throughout the region. Some examples of our involvement include: The Pas Wellness Centre Committee, The Pas Homeless Shelter, the NOR-MAN Regional Parent Child Coalition, NRHA Chronic Disease Prevention Initiative (CDPI), Children's Therapy Initiative (CTI), Child Abuse Team, the Baby Friendly Initiative, Manitoba Métis Federation Knowledge Exchange Network, Swampy Cree Tribal Council Round Table, and Northern Healthy Foods Initiative.
- **Caregivers Network Support** - The newly established Caregivers Network Support program which began on March 24, 2011 will be community led, with supports from the NRHA and other community groups/professionals
- **Community Health Assessment** - We completed our third Community Health Assessment in April 2010. Our report analyzed both qualitative and quantitative data including a series of consultation activities with staff and communities members who access NRHA programs and services.

HEALTHY COMMUNITIES FUTURE STRATEGIES...

- **Communications** - We will continue to work on strategies to increase resident knowledge of available health services. This was identified as an area of concern in the Community Health Assessment.
- **District Health Councils** - We will continue to support the operation of District Health Councils (DHCs) in our region. The DHCs will continue to be actively involved in our ongoing consultation efforts and will assist in hosting Community Report Back Sessions on our Community Health Assessment and Strategic Plan in 2010-11.
- **Partnerships** - We will continue to nurture and improve the type and level of intersectoral partnerships.
- **Waste Management Strategy** - A comprehensive waste management strategy is in development and will be implemented in 2011-12.
- **Community Health Assessment** - The results of our Community Health Assessment guide the development of our 2011-16 Strategic Plan. The reports are posted on our NRHA website: www.norman-rha.mb.ca.

FIGURE 3 NRHA PARTNERSHIPS – GRANTS

Nature Grant	Grant Source	2010/11 Grant Values
P.A.R.T.Y. Program	Community Donations	\$1,446
Risk Factor Surveillance	Billed Services	\$578
Northern Healthy Foods Initiative	Manitoba Aboriginal and Northern Affairs	\$7,400
Children's Therapy Initiative	Healthy Child Manitoba	\$247,657
International Women's Day	Saskatchewan Labour Status of Women Office	\$1,200
Employment Grants	Service Canada	10,458
Suicide Prevention - Flin Flon	Manitoba Health – Mental Health Special Projects	\$12,520
Suicide Prevention - The Pas	Manitoba Health – Mental Health Special Projects	\$12,500
InSight Mentor Program - The Pas	Health Child Manitoba	\$166,000
InSight Mentor Program - Flin Flon	Healthy Child Manitoba	\$167,000
Teen Health Services	Healthy Child Manitoba	\$75,000
URIS	Manitoba Health	\$56,382
Retinal Screening - FNIHB	Health Canada First Nations Inuit Health Branch	\$71,947
Families First	Healthy Child Manitoba	\$716,300
Play It Safer Network	Public Health Agency of Canada Manitoba Health Canadian AIDS Treatment Information Exchange (CATHIE) Other Donations	\$97,779
In-Motion (Workplace)	Manitoba In-Motion	\$1,075
Container Gardening Project	HEIFER International	\$649
Portable Housing	Family Services & Housing	\$32,085
STI	Manitoba Health	\$102,800
FASD Strategy	Healthy Child Manitoba	\$105,000
After School Arts Enrichment	Manitoba Healthy Living	\$1,224
Total		\$2,118,837

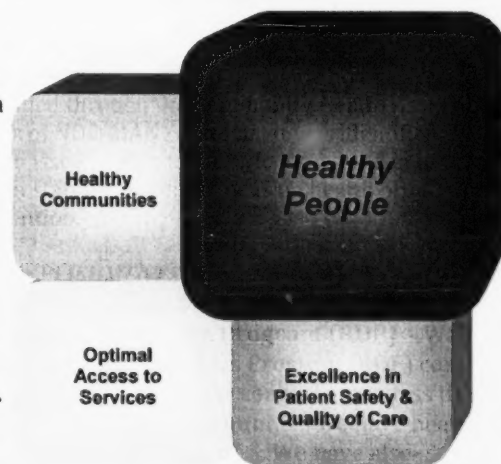
Data Source: NOR-MAN Regional Health Authority

HEALTHY PEOPLE

This Board End speaks to the many health issues that were identified through the Community Health Assessment on the health status of NOR-MAN residents. It was identified that many of our health issues relate to lifestyle issues and in order to improve health status we need to focus on health promotion and primary prevention.

ACCOMPLISHMENTS...

- **Regional Diabetes Program (RDP)** - Wait times to access our Regional Diabetes Program (RDP) continue to be minimal in our larger centers, often less than two (2) weeks. In our outlying communities we have been able to cut wait times to four (4) weeks. We have also gained the option of using MBTelehealth in some of our outlying communities.
- We continue to partner with the Diabetes Education Resource Child and Adolescent team from Winnipeg to come to the region to set up outreach clinics for children and teens with Diabetes. Two (2) clinics were held in March and in November 2010. We have three (3) clinics planned for 2011/12.
- In January 2011 we added a Foot Care Nurse to our Regional Diabetes Program as a short term pilot project.
- In the 2010/11 budget, Manitoba Health announced ongoing funding for the Manitoba Retinal Screening Vision Program (MRSVP). Ongoing recruitment for a Regional Outreach Eye Care Nurse saw the position successfully filled in January 2011. Based on 2008 Clinical Practice Guidelines we are continuing to contact those diagnosed with diabetes to set up an appointment.
- Funding provided by FNIH has assisted in our ability to enhance Retinal Screening services to the First Nation communities in the Norman region.
- **Chronic Disease Prevention Initiative (CDPI)** - The Chronic Disease Prevention Initiative (CDPI) has completed year six (6), a transitional year between project funding to ongoing committed annualized funding. All our CDPI projects continue to focus on four (4) modifiable risk factors – smoking, physical inactivity, unhealthy eating and mental wellness through three (3) district steering committees.
- We continue to partner with the Manitoba Northern Healthy Foods Initiative. Their program focuses on community based activities and programs dealing with food security issues in the northern communities.
- Our CDPI Community Health Development Special project has moved forward in its planning and implementation, which continues to be based on a community health development model focusing on lessons learned from CDPI. Current communities involved are: Moose Lake/Mosakahiken Cree Nation; Cormorant; Easterville/ Chemawawin Cree Nation; Grand Rapids/Misipawistik Cree Nation, OCN; and Manitoba Métis Federation The Pas Local.
- We have a half time Smoking Reduction Coordinator who is responsible for coordinating smoking prevention and cessation programming in the Norman region. The Smoking Reduction Coordinator works with individuals and groups of all ages across the spectrum from cessation to prevention and reduction programs. With funding from CDPI, Tobacco Tackle teams are in place in many of our schools.
- In Motion committees are in place in The Pas, Flin Flon, Cormorant and Cranberry Portage. These committees continue to meet, to plan and implement programs that promote physical activity in their communities.





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- **Play it Safer** - Funding from the Public Health Agency of Canada has provided the resources required to continue to hire a Play It Safer Coordinator. The Play It Safer Coordinator in conjunction with our Primary Health Care Centres has focused on education on HIV/AIDS, Hepatitis C, Sexually Transmitted Infections, safer sex, safer tattooing and body piercing and condom promotion. Safer Sex Kits continue to be distributed to local bars, colleges, schools, hospitals and service provider locations as needed/ requested.
- **Protect Your Pairs** - Our "Protect Your Pairs" program, an adolescent breast and testicular one-day health fair to high school students in our region continues to be delivered. During 2010/11 three (3) schools took part.
- **Baby Friendly** - Our Baby Friendly Committee is working diligently and will soon begin the accreditation process. Continuing education opportunities for all staff will assist with the move to a community based Baby Friendly accreditation process.
- **Fitness Challenges** - The NRHA continues to host a number of physical fitness challenges including our Annual Fitness Challenge, Annual Walking Challenge, and an employee-run staff gym in the Flin Flon General Hospital. Through the Flin Flon Primary Health Care Centre, year four (4) of the Workplace Health Challenge was held with over 50 teams registering from both the community and the NRHA.
- **Mental Health** - A Mental Health Promotion Specialist was added to our Mental Health Team in 2010/11 to allow the expansion of mental health/health education to Norman residents.
- Our two (2) Suicide Prevention committees were successful in their reapplication for grant funding from the provincial Suicide Prevention Initiative to continue their work to increase the number of trainers in the region who can teach both Mental Health First Aid and Applied Suicide Intervention Skills Training (ASIST).
- **Youth Health** - Our Youth Health Clinic continues to be an access point for teens in our region. We continue to see many young clients who are not yet in their teen years and we have continued services to post-high school youth. We are including healthier lifestyle choices education into the service spectrum, to make the healthy choice, the easy choice. For example, we can now offer nicotine-substitute gum in the high schools to assist with tobacco cessation programming.
- **P.A.R.T.Y. (Preventing Alcohol and Risk Related Trauma in Youth)** - Program continues to be a very successful program that is offered in Flin Flon and Snow Lake. In 2009-10, we held five (5) sessions with students from Flin Flon (four sessions with Hapnot School), Snow Lake (one session with Joseph H Kerr School). Both Cranberry Portage and Creighton will be participating every other year.
- Following the administration of the Youth Health Survey in all Norman Schools (grades 6-12) in the region in 2009-10, we have provided all schools and divisions with their own Youth Health Survey Results Reports. During 2010/11 we also met with each school/division and provided a presentation of their results and began the discussion on how to move forward in addressing the identified issues.
- Continue to provide the Triple P Parenting program to the residents of our region. The number of requests continues to grow as awareness of the program increases.
- **Immunizations** - The Nurses Who Immunize committee continues to provide an opportunity for all nurses that immunize in the region to participate in the development of immunization programs and discussion on the administration of new vaccines when the occasion arises. The Regional Immunization Coordinator updates the committee on a regular basis regarding changes to scheduling of vaccines, product changes, MIMS reports, adverse events reporting, etc.
- **Women's Health** - The 2010 Manitoba Breast Screening report reveals a 59%, 2-year participation rate, in the Norman region. In 2010, additional appointments were added in both Flin Flon and The Pas and a total of 951 women were screened on the mobile unit. An increase in the participation rate was reached in seven (7) communities including Cormorant, Grand Rapids, Flin Flon, Sherridon, The Pas, OCN and Pukatawagan. Cormorant and Grand Rapids experienced the largest increases with Cormorant achieving a rate higher than the Canadian goal of 70%. See Figure 4 on Page 18.



NOR-MAN REGIONAL HEALTH AUTHORITY - 2010/11 ANNUAL REPORT

- Our Pink Project was held on October 7, 2010 and again saw 1,750 donated pink flowers and breast health shower cards distributed throughout our region (eight communities).
- **Senior's Health** - Recreational programming is available in all of the NRHA Personal Care Homes. These activities are provided by certified Recreation Facilitators and volunteers, in combination with the Adult Day program in Flin Flon (SPORT) and The Pas (Funseekers). Family Resident Advisory Councils (FRAC) are in place in all NRHA Personal Care Homes. A family member and/or resident Chair the Council.
- The Senior's Team continues to deliver Well Senior's Initiative programming to promote quality of life, Aging in Place and seniors wellness. Our goal is to keep older adults and persons living with disabilities healthy, active and living independently in body, mind and soul.
- Northern View Lodge in The Pas will be the site of a Supportive Housing Program with an anticipated opening date of late summer/early fall 2011.
- **Men & Women's Health** - Hypertension and cholesterol groups are run by a Primary Health Care nurses and dietitian on an ongoing basis. Blood Pressure Clinics (weekly) have been introduced to provide consistent patient care, teaching and continuity of care with physicians. Risk factors for hypertension are assessed and clients are counseled about healthy living according to their risk factors and learning needs. Automatic blood pressure machines are available to sign out for home monitoring.
- Primary Health Care staff work closely with acute care staff to coordinate heart health programs and ensure appropriate after care support. A number of programs are offered including Catch Health, Making Tracks, Heart to Heart and blood pressure clinics.
- **Respectful Workplace** - Respectful Workplace training continues to be provided in the region.

HEALTHY PEOPLE FUTURE STRATEGIES...

- **Baby Friendly Initiative** - The Provincial Baby Friendly Initiative has introduced a facility auditing process in attempt to promote and support breastfeeding and baby friendly hospitals. The Pas and Flin Flon committees are preparing for the upcoming accreditation process. Continuing education opportunities for all staff will assist with the move to a community based Baby Friendly accreditation process. **See Breastfeeding Rates Figure 5 on Page 18.**
- **Youth Health Survey** - Risk Factor Surveillance surveying (Youth Health Survey) for grades 6-12 has occurred in all schools in the region. We will continue to schedule presentations for all schools to present their school results and continue discussions on next steps and how to partner in projects to meet identified issues/concerns.
- **Human Resource Strategic Plan** - The Human Resources Team has developed the 2011-2016 HR Strategic Plan. Planning sessions will be held with internal stakeholders.
- **Accreditation Canada Work Life Pulse** - This staff survey was conducted with all staff in November 2010. The HR CQI Team reviewed the results from the Survey and incorporated all red and yellow flags areas into the NRHA Human Resources Strategic Plan. **See Work Life Pulse Survey Results Figure 13 on Pages 31/32.**

FIGURE 4 MOBILE BREAST SCREENING PROGRAM RATES

Community	2002-04	2003-05	2004-06	2005-07	2006-08	2007-09	2008-10
Flin Flon	62%	66%	65%	64%	63%	62%	64%
Channing	25%	46%	58%	46%	40%	40%	39%
Cormorant	50%	54%	61%	63%	63%	66%	
Cranberry	46%	50%	52%	56%	55%	61%	56%
Sherridon	46%	33%	0%	14%	22%	10%	20%
Snow Lake	59%	58%	69%	61%	66%	58%	58%
Wanless	58%	65%	60%		67%		68%
The Pas	60%	54%	52%	62%	60%	59%	60%
OCN	67%	57%	63%	62%	56%	49%	52%
Moose Lake	63%	50%	51%	66%	63%	38%	34%
Easterville	52%	53%	52%	60%	66%	66%	59%
Grand Rapids	44%	44%	46%	39%	40%	40%	51%
Pukatawagan	48%	43%	59%	58%	46%	45%	49%
Regional Total	58%	57%	57%	61%	60%	59%	59%

Data Source: MB Breast Screening Program (MBSP)

The blue highlighted bolded #'s above show the communities that were able to achieve the Canadian goal of reaching 70% of the population of women aged 50 to 69 years every two years.

The 2008/2010 Manitoba Breast Screening report reveals a 59% 2-year participation rate in the NOR-MAN region. This is a 2% decrease from 2 years ago and 1% decrease over the last year. In 2010, appointments were added to both Flin Flon and The Pas with a total of 951 NOR-MAN women being screened on the mobile unit. An increase in participation rates was reached in seven (7) communities including Cormorant, Grand Rapids, Flin Flon, Sherridon, The Pas, OCN and Pukatatwagan.

FIGURE 5 BREASTFEEDING RATES
% Mothers Initiating & Maintaining Breastfeeding for Four or More Months
Audit of Client Files (1st 6 Months of Each Year)

Community	Year	Total # of births	% Initiating breastfeeding	Of those initiating, % breastfeeding at 4 months
Flin Flon	2008	33	20 (61%)	65%
	2009	29	16 (55%)	56%
	2010	30	23 (77%)	61%
The Pas	2008	57	44 (77%)	47%
	2009	68	52 (76%)	73%
	2010	53	46 (87%)	43%
Snow Lake, Sherridon, Cranberry Portage, Cormorant	2008	16	11 (69%)	73%
	2009	14	12 (86%)	83%
	2010	19	13 (68%)	62%
Totals for	2008	106	80 (71%)	53%
	2009	109	75 (74%)	50%
	2010	102	82 (80%)	51%

Source: NOR-MAN Regional Health Authority

This data reflects only communities that under the jurisdiction of the NRHA. Data is based on manual counts for only the births in the first six months of each year.

According to the January to June 2010 Audit in 2010, 80% of new mothers initiated breastfeeding. Of those who initiated breastfeeding, 51% continued to breastfeed at four (4) months which is slightly higher than the previous year. Of Note: it is 51% of the 82 Mothers that initiated breastfeeding NOT 51% of the Total # of Births.



PERFORMANCE STORY YOUTH WOMEN'S PRIMARY HEALTH CARE TEAM

In the area of Mental Health for Youth and Children, we continue with our suicide prevention initiatives. The Aboriginal Youth Suicide Prevention teams in Flin Flon and The Pas collaborated to sponsor a Forum held at Frontier Collegiate in Cranberry Portage. Students in Grade 10 from the high schools in the Region were invited to a day of fun and education led by Troy Westwood, an Aboriginal man and former Place Kicker for the Winnipeg Blue Bombers Football team and Steve Dorge, a drummer with the rock band, "Crash Test Dummies". The speakers shared personal and factual information from very different perspectives but both spoke to and from areas of great interest to the teens in attendance. The kids were able to experience adults they could admire and relate to and to come away with an understanding of how easy it would be for them to approach a trusted adult with a problem.

The Play It Safer Network and the Youth Women's Primary Health Care Team collaborated on many public education events aimed at harm reduction and provided education about sensitive and sometimes controversial areas of service in fun and eminently, approachable ways. The 'Love Shack' safer sex education project was invited to nine different summer fair events, several of which were outside of our Region and some of which we could not attend due to fiscal constraints. However, the team managed to promote sexual health education and safer sex support and information for hundreds of people throughout the summer.

The tobacco cessation Tobacco Tackle project at Ruth Betts Community School in Flin Flon produced a video of the classroom team singing a rap song they wrote to the tune of a very popular hit, warning of the trap of tobacco use. They engaged the assistance of a group of local musicians to accompany them, but then were reduced to using the talents of the Youth Women's Regional Community Health Developers to actually film their video. Luckily their talents shone through and they were nominated for a small grant from MANTRA, the joint National /Provincial tobacco cessation group, to have a professional version of the video shot and produced. A team of professionals will come to Flin Flon from Winnipeg to shoot and record the footage in October 2011.

PERFORMANCE STORY AGING IN PLACE

The Supports to Seniors in Group Living (SSGL) program began in the Legion Housing in Flin Flon in June 2007. We expanded our SSGL program to Northern View Lodge in The Pas in July 2008 and to Hemlock Housing in Flin Flon in May 2010. The SSGL model provides a range of services in group living / elderly persons housing. These services assist the residents in accomplishing their instrumental activities of daily living and provide them with the support to remain in their community and "age in place". The SSGL model is one of the community models of Manitoba's Long Term Care Strategy intended to prevent / delay premature and inappropriate entry into personal care homes. The SSGL model supports "Aging in Place".

"Aging in Place" is a matter of preserving the ability for Manitobans from every culture to remain safely, as participants in their own community, to enjoy the familiar social, cultural, and spiritual interactions that enrich their lives even though their health may be compromised.

The Aging in Place is the central principle of Manitoba Health's Long Term Care Strategy. It has supported and enhanced quality of life, flexibility in service, choice, equity and dignity as well as safety and security.

The model we have in NOR-MAN supports those inherent values. We, as a Region, have seen the benefits of these programs to both clients and families, thus lengthening their stay in their home communities, and preventing premature admission to Long Term Care.

OPTIMAL ACCESS TO SERVICES

This Board End speaks to improving access to services. It is recognized that, where possible, we need to be creative using technology such as Telehealth; and bring specialty services to the region. It addresses the priority of continuing to work on our Primary Health Care model and the need to continue to work towards reducing the jurisdictional barriers that exist so as not to impact an individual's ability to access the necessary services.

ACCOMPLISHMENTS...

- **Servicing our Outlying Communities** - NRHA does not have jurisdiction to provide community-based health services on reserve but does provide itinerant services if possible and when requested. Ongoing partnerships with Aboriginal agencies are critical for the NRHA.
- A wide range of Primary Health Care staff provide itinerant services to our outlying areas. During 2010/11 these included partnering with Nursing Stations and Aboriginal Health Authorities in the delivery of programs and services including Health Promotion/ Education, Tobacco Reduction Program, Public Health Services, Chronic Disease Care, Management & Support, Women's/Youth Health Clinics (Cormorant, Cranberry Portage & Sherridon), Itinerant Medical Officer Of Health, Diabetes Education Resource, Manitoba Retinal Screening Vision Program, Mental Health (bi-weekly child & adult services), Midwifery (weekly clinic in Moose Lake), Palliative Care and Community Trauma Response Team.
- **Primary Health Care** - Through Primary Health Care, we continue with the implementation of C.A.R.E.S. (Comprehensive Assessment Referral Entry System). A comprehensive health history and assessment process has been implemented for all PHC clients as part of the C.A.R.E.S. program and assists providers in the "bundling" of services for clients as needed. Multidisciplinary care planning is initiated on an as needed basis for those clients requiring that level of service provision.
- **Specialty Clinics** - NRHA offers a number of itinerant specialty clinics in the region. In 2010/11, there were a total of 142 physician days and 66 allied health days provided in the region, although data was not consistently tracked this past year with some programs tracking patients and some tracking days. The availability of these services not only saves Northern Patient Transportation Program dollars, but also provides the opportunity for residents to access services locally.
- **MB Telehealth** - The MB Telehealth Network has continued to grow, reaching just over 100 sites in Manitoba at the end of 2010/11. Overall, Telehealth utilization in our region increased by 18.5% to a total of 2,017 events occurring. All NRHA Telehealth sites experienced growth in utilization this year with Flin Flon increasing by 7%, Snow Lake by 17%, and The Pas increasing by a surprising 29% overall surpassing 1,000 events for the first time. **See Figure 8 on Page 22.**
- The communities of Easterville/Chemawawin Cree Nation and Grand Rapids/Misipawistik Cree Nation during their first year of operation hosted 50 telehealth sessions each. After several years of minimal use of the MBTelehealth site in Pukatawagan/Mathias Colomb Cree Nation, usage greatly increased this year from 36 to 124 total events. This increase was almost entirely due to a new mental health service being provided by the Manitoba Adolescent Treatment Centre in Winnipeg.





OPTIMAL ACCESS TO SERVICES FUTURE STRATEGIES...

- **Integrated Client Record** - The proposed Patient Care documentation system, Charting by Exception (CBE), is in development for region-wide implementation encompassing all program areas. The system will support the introduction of Care Maps and is intended to readily adapt to an electronic patient record.
- **Telehealth** - Telehealth Priorities for 2011 and beyond include expansion of Telehealth services to the NRHA Primary Health Care Centres in Flin Flon, the Moose Lake Nursing Station and OCN Health Centre.
- **CT Services** - The CT scanner situated in The Pas has significantly reduced the amount of travel required for Norman residents for Diagnostic Imaging services although Flin Flon residents continue to travel to The Pas for these services. We are slated for a new CT scan upgrade in The Pas in the Fall of 2011. ***See CT Examination Utilization By Category Figures 6 & 7 on Page 22.***
- **Wait Times** - Wait times are generally good in Norman. Areas where wait times are a concern are due to Human Resource challenges and include Physiotherapy (The Pas), Speech Language Pathology, Audiology, Home Care and Long Term Care. Wait times at Rosaire House are result of bed availability. ***See Average Wait Times And/Or Wait Lists For Specific Programs Figure 10 on Page 25.***

FIGURE 6 # OF CT EXAMINATIONS

Year	Number of Scans	Monthly Average
2006 - 2007	2,495	208
2007 - 2008	2,810	234
2008 - 2009	2,883	240
2009 - 2010	3,105	259
2010 - 2011	2,896	241

Data Source: NRHA

FIGURE 7 CT EXAMINATIONS UTILIZATION BY CATEGORY

Category	2009-2010	2010-2011
Inpatients	227 (7%)	282 (10%)
Emergency	260 (8%)	315 (11%)
Outpatients	Unavailable	2,180 (75%)
Referrals In	2,618 (84%)	119 (4%)

Data Source: NRHA

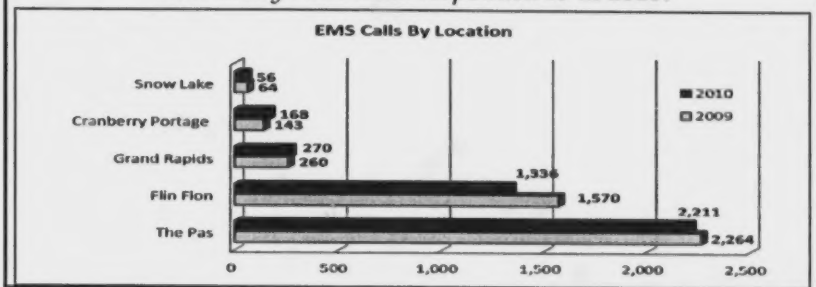
FIGURE 8 MB TELEHEALTH NETWORK UTILIZATION RATES

Session Type	Flin Flon		The Pas		Snow Lake		NOR-MAN	
2009-2010	#	%	#	%	#	%	#	%
Clinical	368	47.3%	618	56.5%	57	38.7%	1043	51.7%
Education	177	22.7%	287	26.2%	43	29.2%	507	25.1%
Administration	231	29.6%	186	17%	47	31.9%	464	23%
Other	2		1		1		4	
Total	778	+7%	1092	+29%	147	+17%	2017	+18.5%
2009-2010	728	+1.5%	848	(-2%)	126	+1.6%	1702	(-)
2008-2009	717	+9%	866	+30%	124	+8%	1707	+19.2%
2007-2008	656	+23%	660	+0.7%	115	-21%	1431	+7.3%
2006-2007	532	+7%	655	(-)	146	+35%	1333	+5.8%
2005-2006	496	-1.9%	655	+15%	108		1259	+17%
2004-2005	504	+48%	572	+33%			1076	+39.5%
2003-2004	340	+52%	431	+88%			771	+70.5%
2002-2003	223		229				452	

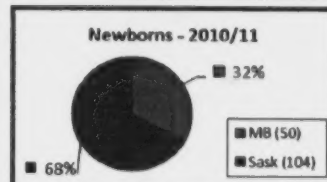
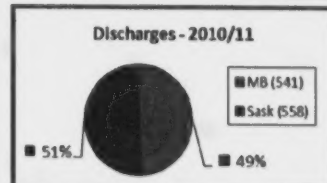
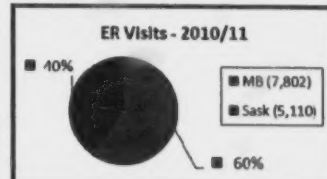
Data Source: MBTeleHealth Management Report, 2010/11 Fiscal Year

RESPONSIVENESS SCORECARD

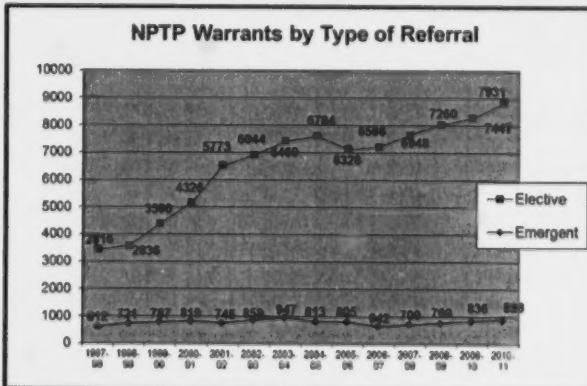
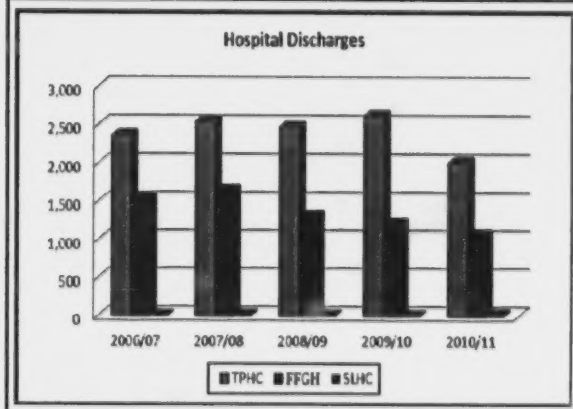
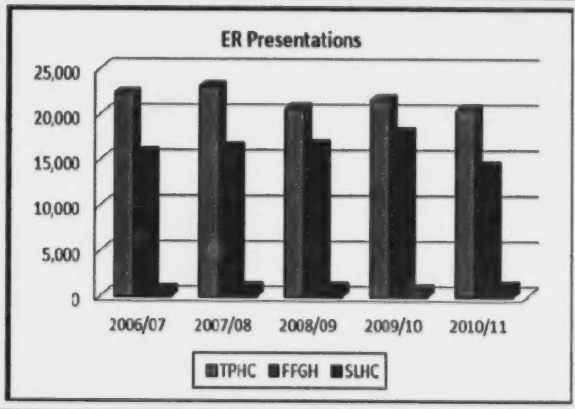
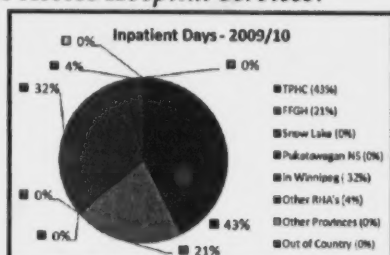
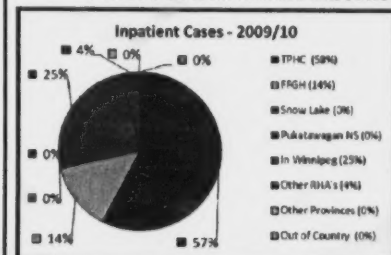
How many calls EMS responded to in 2010?



Saskatchewan Residents Use of FFGH - 2010-11



Where NOR-MAN Residents Access Hospital Services?



Newborn Bed Occupancy Rates

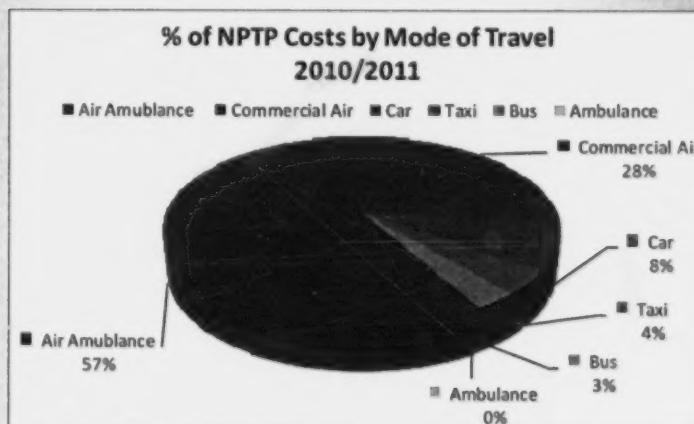
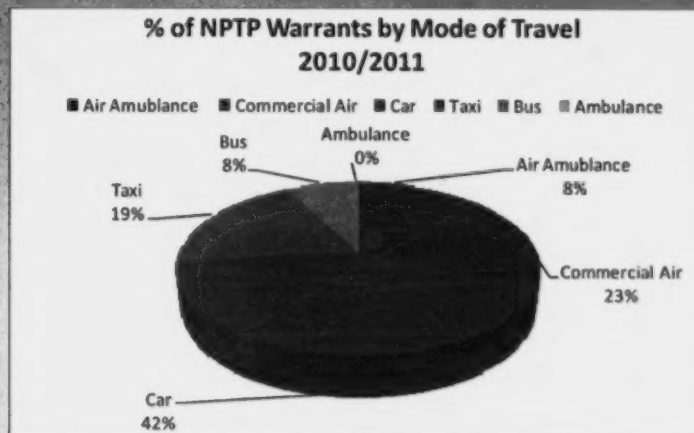
Years	FFGH	TPHC
2010/11	14%	21%
2009/10	15%	25%
2008/09	15%	23%
2007/08	15%	27%

Hospital Bed Occupancy Rates

Years	FFGH	TPHC
2010/11	48%	62%
2009/10	39%	63%
2008/09	36%	57%
2007/08	44%	60%

FIGURE 9

NORTHERN PATIENT TRANSPORTATION PROGRAM



Data Source: Northern Patient Transportation Program

In 2010-2011, there were 8,820 Warrants for NPTP of which 90% were elective and 10% were emergent. This indicates an increase of 537 warrants from 2009-2010. The largest driver of NPTP costs continues to be air ambulance. In 2010-2011, 8% of all travel warrants were for air ambulances yet it accounted for 57% of total NPTP budget (up from 52% in 2009-2010). Car travel warrants continued to be the largest mode of travel at 42% of all warrants but only accounted for 8% of the costs. Internal Medicine continued to be the primary reason for NPTP by Physician Category in Flin Flon while the majority of patients from The Pas travelled for Orthopedic services. The top Diagnostic referrals continued to be Eye Pressures in The Pas and CT Scan in Flin Flon.

FIGURE 10

**AVERAGE WAIT TIMES AND/OR WAIT LISTS
FOR SPECIFIC PROGRAMS**

Program Area		Wait Time
Physiotherapy (The Pas)	Priority	44 days
	Non-Urgent	64 days
Physiotherapy (Flin Flon)	Priority	7 days
	Non-Urgent	29 days
Occupational Therapy (The Pas)	PCH	118 days
	Home Care	161 days
	Outpatients	132 days
Occupational Therapy (Flin Flon)	PCH	Vacant position due to maternity leave.
	Home Care	
	Outpatients	
Audiology		Vacant position
Speech Language Pathology Flin Flon The Pas		5-6 months (Wait list increased since August 2010 due to maternity leave).
Diabetes Education Resource	The Pas	2 weeks
	Flin Flon	2 weeks
	Outlying Communities	4 weeks
Mental Health - Children/Youth	The Pas	4 weeks
	Flin Flon	1 week
Mental Health - Adult	The Pas	2 weeks
	Flin Flon	1 week
Mental Health - Seniors	The Pas	2 weeks
	Flin Flon	1 week
Rosaire House		5 week wait time
Home Care		4 clients
CT Scan - The Pas		3 weeks (MB = 4 weeks)
Ultrasound - The Pas		4 weeks (MB = 11 weeks)
	Ultrasound - Flin Flon	2 weeks
X-Ray - The Pas		Same Day
X-Ray - Flin Flon		Same Day
Long Term Care		11 clients - Flin Flon
		10 clients - The Pas

Data Source: NOR-MAN Regional Health Authority

Wait times are generally good in the areas of Physiotherapy (Flin Flon), Diabetes Education Resources, Mental Health, Home Care, CT Scan and Ultrasound. Areas where wait times are a concern are due to Human Resource challenges and include Physiotherapy (The Pas), Speech Language Pathology, Audiology and Long Term Care. Wait times at Rosaire House are result of bed availability.

FIGURE 11 Hospital Activity - 2010/2011 Length of Stay

Main Patient Service - describes a group of similar patients with related diseases and treatments. The Main Patient Service is determined by the most responsible diagnosis code. It is represented by a number designating the service group to which the patient was assigned during his/her stay in the facility.

Typical Cases - are cases where patients receive a complete course of treatment in a single facility, and were discharged because they no longer require acute care services.

Hospital Summary - 2010/2011	Site Location	# of Cases	% Males	Average Length of Stay
Flin Flon General Hospital (FFGH)		1262	42%	3.4 days
Snow Lake Health Centre (SLHC)		32	60%	2.8 days
The Pas Health Complex (TPHC)		2345	32%	2.9 days
Main Patient Service				
General Medicine	FFGH	605	52%	5.0 days
	SLHC	32	60%	2.8 days
	TPHC	876	46%	3.6 days
Paediatric Medicine	FFGH	152	50%	3.0 days
	TPHC	174	59%	2.2 days
General Surgery	FFGH	116	50%	2.7 days
	TPHC	230	50%	2.3 days
Paediatric Surgery	FFGH	2	0%	1.0 days
	TPHC	10	60%	1.1 days
OBS Delivered	FFGH	153	0%	2.3 days
	TPHC	323	0%	2.1 days
OBS Antepartum	FFGH	43	0%	1.2 days
	TPHC	103	0%	1.2 days
New Born	FFGH	154	53%	1.9 days
	TPHC	330	50%	1.9 days
Gynaecology	FFGH	2	0%	3.5 days
	TPHC	37	0%	2.2 days
OBS Postpartum	FFGH	6	0%	2.1 days
	TPHC	13	0%	1.7 days
Psychiatry	TPHC	203	46%	6.4 days
Paediatric Psychiatry	TPHC	3	100%	1.0 days
Alternate Level of Care	FFGH	2	0%	4.0 days
	TPHC	12	8%	1.1 days

Data Source: Canadian Institute for Health Information - Discharge Abstract Database, ECHAP 1, FY-2010/2011

EXCELLENCE IN PATIENT SAFETY & QUALITY OF CARE

This Board End focuses on our commitment to patient safety and continuous quality improvement. It also speaks to the need to be accountable to those we serve and that with finite resources all planning must be done in an evidence-based environment. Also emphasized is the fact that in order to be sustainable as a Regional Health Authority, we need to be efficient and effective in the use of our resources and ensure an adequate and skilled workforce including continuing to develop northern Human Resources.



ACCOMPLISHMENTS...

- **Quality Management** - NRHA has maintained an integrated Quality Management structure with all teams reporting to Quality Council. Senior Management and Continuous Quality Improvement (CQI) team leaders/ advisors participate on Quality Council.
- **Risk Management** - NRHA has an Occurrence Reporting and Management system in place and it is maintained by our Regional Manager of Quality & Risk. *See Occurrence Reports Figure 13 on Page 31.*
- Risk Management Reports are provided to the NRHA Board of Directors and Senior Management on a regular basis.
- **Accreditation** - We are scheduled to undergo Accreditation Survey in November 2011.
- **Patient Safety** - Our Regional Patient Safety Coordinator continues to implement our Patient Safety Strategic Plan that was approved by Senior Management and the NRHA Board in the fall of 2010.
- We have successfully met the Required Organization Practice for Infusion Pumps with the introduction of the Baxter Colleague Pump into our facilities.
- Patient Safety initiatives continue to be provided at both the community (Patient Safety Week) and the staff level (General Orientation, OR checklist, Medication Reconciliation, Lifts/ Transfers, Non Violent Crisis Intervention, etc).
- **Ethics** - Our Ethics Committee coordinated the delivery of the Level I Ethics workshop held in June 2010 and the Level II workshop held in October 2010.
- **Workplace Safety & Health** - Regional and site-specific Workplace Safety and Health committees continue to review injuries and recommend areas for further training and/or policy development. We have implemented a Zero Tolerance for Abuse program.
- **NRHA Medical Clinic (Flin Flon)** - A new physician clinic was opened in the Flin Flon General Hospital in February 2011; this NRHA managed clinic has adopted the Advance Access model to improve access to physicians by Flin Flon and surrounding area residents. *See Performance Story on Page 34.*
- **Staff Education** - The NRHA Staff Education department continues to provide access to both in-house and out of region training opportunities for staff. A computer training lab is operational in Flin Flon and is under development for The Pas.
- **Volunteers** - Volunteers contributed 5,162.03 service hours in Flin Flon and 6,159.65 service hours in The Pas in 2010-11. This included fund raising, direct service, transportation, one to one visiting, entertainment, advocacy, service to voluntary boards and assisting with support groups. The Meals on Wheels program delivered 3,255 meals in Flin Flon and 4,607 meals in The Pas.



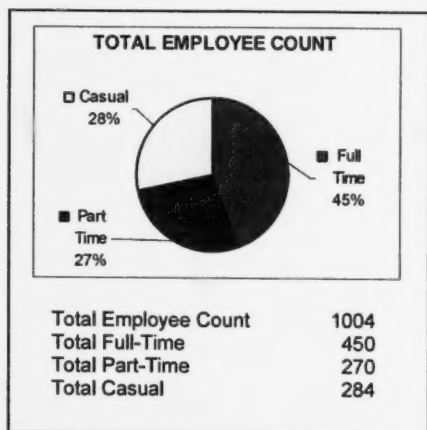
EXCELLENCE IN PATIENT SAFETY & QUALITY OF CARE FUTURE STRATEGIES...

- **Client Satisfaction Surveys** - Primary Health Care and Acute Care Client Satisfaction survey process to be implemented in 2011-12.
- **Utilization Committee** - All CQI Teams review their own utilization data on an ongoing basis. Regional Utilization Committee to be reestablished in 2011-12.
- **New EMS Facility** – Construction of the new facility for Flin Flon to begin in 2011 and completion targeted for early 2012.
- **Regional Cultural Awareness Training** - Training has been incorporated into the orientation provided to all new employees. Cultural Awareness training will be a priority for 2011-12.
- **Accreditation** - Planning for Accreditation Canada Survey Visit (November 2011) is currently underway.



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WORK LIFE: STATISTICS



STAFF PROFILE BY GENDER

Male= 10%
Female= 90%

% UNIONIZED STAFF

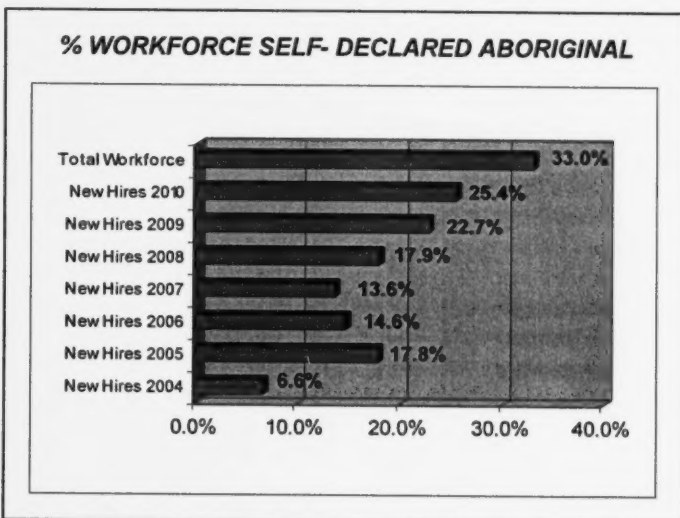
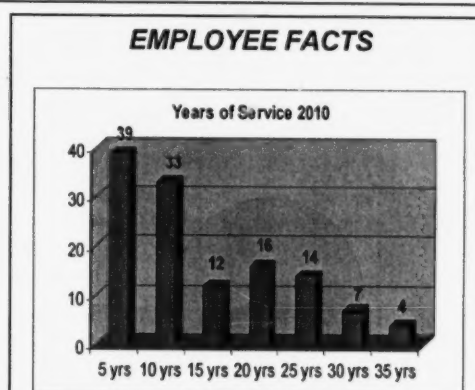
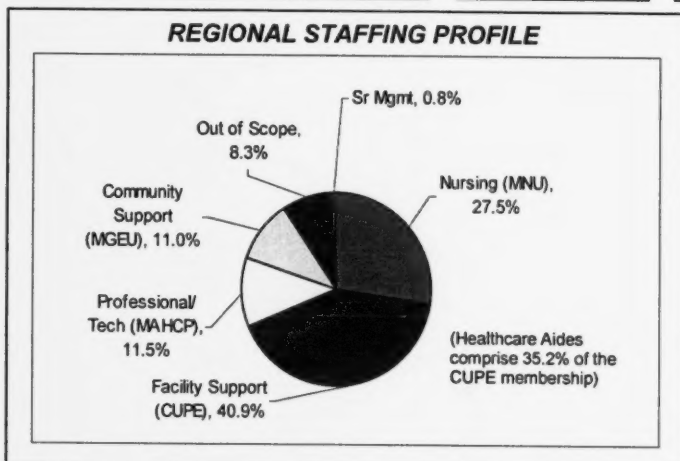
MB = NA
NRHA = 90.4%

PHYSICIAN PROFILE
(As of March 1, 2011)

Physician Type	The Pas	Flin Flon	Snow Lake
GP	8	7	2
GP/ Surgeon	1	Locum	0
GP/ OBS	1	1	0
GP/ Anesthesia	Locum	1	0

Regional Physicians:

*Internal Medicine -1 *Medical Officer of Health - 1
*Psychiatrist -1 *Psychologist - 1 * Radiologist - 1



Average Age of Employees
NRHA = 43.2 years
MB Healthcare Average = 43.9 years

Average Years of Service
NRHA = 10.8 years
MB Healthcare Average = 9.2 years

Perfect Attendance Award 2010
 $\frac{35 \text{ employees}}{720 \text{ eligible employees}} = 5\%$

Avg. Vacation/Employee = 4.5 weeks

Regional Retirement Profile
 $\frac{116 \text{ potential retirements}}{1004 \text{ eligible employees}} = 11.6\%$

Volunteer Hours = 11,322 hours
(Flin Flon and The Pas)

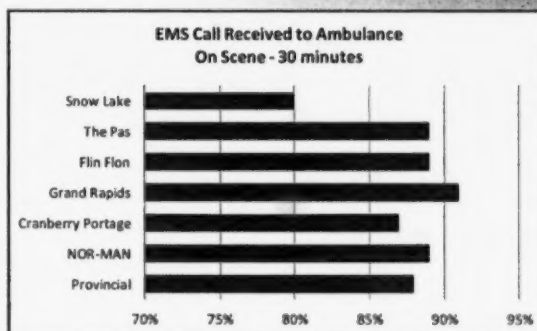
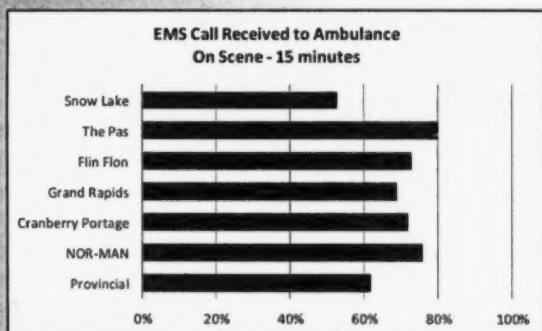
Source: NRHA Quality Scorecard

FIGURE 12

EMS RESPONSE AVERAGES

Top 10 EMS Calls by Site (2010)

The Pas 2211 calls	Flin Flon 1336 calls	Grand Rapids 270 calls	Cranberry Portage 168 Calls	Snow Lake 46 Calls
IFT - 1044	IFT - 730	IFT - 196	IFT - 22	IFT - 41
Sick - 183	Fall - 106	Traffic Injury - 15	Sick - 17	Traffic Injury - 3
Breathing - 105	Sick - 83	Chest Pain - 13	Chest Pain - 16	Cardiac Arrest - 2
Fall - 103	Breathing - 56	Sick - 13	Breathing - 13	Trauma - 2
Chest Pain - 95	Chest Pain - 50	Breathing - 12	Fall - 12	Unconscious - 2
Assault - 67	Traffic Injury - 40	Assault - 6	Trauma - 8	Chest Pain - 2
Abdominal - 67	Seizures - 34	Abdominal - 6	Traffic Injury - 7	Abdominal - 2
Unconscious - 67	Unknown - 32	Fall - 5	Unconscious - 7	Fall - 2
Traffic Injury - 65	Unconscious - 31	OD - 5	Stroke - 6	Assault - 1
Seizures - 64	Abdominal - 31	Unconscious - 4	Burn - 6	Burn - 1



Source: Medical Transportation Co-ordination Centre

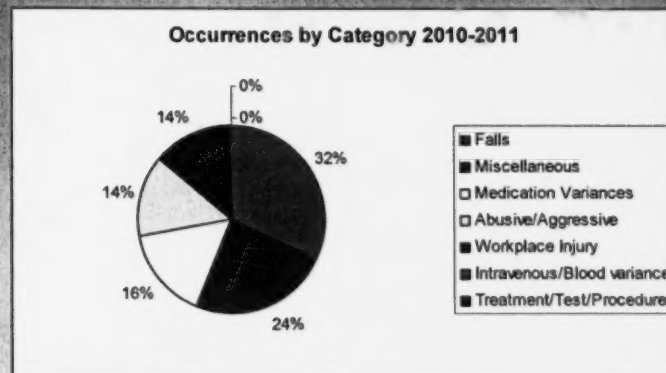
In 2010, the NRHA operated 5 sites in the region including The Pas, Flin Flon, Grand Rapids, Cranberry Portage and Snow Lake. The remaining ambulance services in NOR-MAN were operated by volunteer services. In 2010, there were 2211 EMS calls in The Pas, 1336 calls in Flin Flon, 270 calls in Grand Rapids, 143 calls in Cranberry Portage and 46 calls in Snow Lake catchments areas.

The Medical Transportation Coordination Centre has established two indicators to measure response time for the Province. The first is the percentage of EMS calls received that are on the scene within 15 minutes. The Pas (80%), Flin Flon (73%), Grand Rapids (69%), and Cranberry Portage (72%) were above the provincial response time of 62%.

The second indicator is the percentage of EMS calls that are on scene within 30 minutes. The provincial average was 88%. The Pas (89%), Flin Flon (89%) and Grand Rapids (91%) were above the provincial average.

Figure 13

OCCURRENCE REPORTS



Source: NRHA Risk Management Database

Between April 1st, 2010 and March 31st, 2011, there were a total of 1917 occurrences reported. Falls accounted for 32% (606) of all occurrences, followed by Miscellaneous at 24% (462); Medication Variance at 16% (307); Abusive/Aggressive at 14% (272); Workplace Injury 14% (259); Intravenous/Blood Variance >1% (6) and Treatment/Test/Procedure >1% (5). The percentages by category are fairly consistent to findings in 2009-10. We have seen a slight increase in Falls (from 29% to 32%) and a decrease in Abusive/Aggressive Behaviour from (18% to 14%). In 2010-11 we reported four Critical Incidents and four Critical Occurrences to Manitoba Health as per legislation.

Figure 14

**WORK LIFE PULSE
STAFF SATISFACTION SURVEY RESPONSE RATE**

The staff of the NOR-MAN Regional Health Authority participated in a second Work Life Pulse Survey in November 2010 as part of our upcoming Accreditation Canada Survey visit for November 2011. All staff were invited to participate in this online survey through the Accreditation Canada's organizational portal.

All results were analyzed by Accreditation Canada and we were supplied the results and given "coloured" flags to assist us in determining areas (red and yellow flags) where further investigation and ongoing improvement is required. We were successful in improving or maintaining our scores in 15 of the 21 questions (71%).

The HR CQI Team reviewed the results from the Survey and incorporated all red and yellow flags areas into the NRHA Human Resources Strategic Plan.



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Question	2008 Response Rate Flag Rating	2010 Response Rate Flag Rating	Increase/ Decrease
Work Environment	Agree/Strongly Agree	Agree/Strongly Agree	
I am satisfied with the communications within the organization.	38%	41%	3% ↑
I am satisfied with the communications in my work area.	51%	59%	8% ↑
I am satisfied with my supervisor.	66%	75%	9% ↑
I am satisfied with the amount of control I have over my job activities.	57%	71%	14% ↑
I am clear about what is expected of me to do my job.	77%	82%	5% ↑
I am satisfied with my involvement in decision making in the organization.	48%	50%	2% ↑
I feel that I have enough time to do their job adequately.	45%	52%	7% ↑
I feel that I can trust the organization.	46%	49%	3% ↑
I feel the organization supports my learning and development.	57%	67%	10% ↑
I believe my work environment is safe.	61%	70%	9% ↑
I feel that my job allows me to balance work/ family life.	56%	68%	12% ↑
Individual Outcomes	A bit / extremely	A bit / extremely	
I feel that most days at work are stressful.	32%	38%	6% ↑
Individual Outcomes	Excellent/Very Good	Excellent/Very Good	
In general, my health is...	59%	59%	0%
In general, my mental health is...	67%	62%	5% ↓
In general, my physical health is...	52%	54%	2% ↑
Individual Outcomes	Somewhat/Very Satisfied	Somewhat/Very Satisfied	
I am satisfied with my job.	91%	90%	1% ↓
Individual Outcomes	Less than 9 days	Less than 9 days	
In the past 12 months, I was away from work because of own injury or illness.	90%	87%	3% ↓
In the past 12 months, I did not work when ill or injured because they felt obliged to.	86%	89%	3% ↑
Individual Outcomes	Often/Always	Often/Always	
I feel I can do my best quality job.	82%	77%	5% ↓
Overall	Agree / Strongly Agree	Agree / Strongly Agree	
Overall, I am satisfied with the organization.	57%	55%	2% ↓
Working conditions in my area contribute to patient safety	73%	70%	3% ↓

Data Source: NRHA Quality Scorecard: Work Life (Feb 2011)



PERFORMANCE STORY PATIENT SAFETY

A key element in improving patient safety in any organization is fostering a culture of safety: an environment with high awareness of safety issues at all levels and with leadership that encourages and rewards reporting of safety problems and concerns. In order to achieve a culture of safety, awareness of potential problems must be part of daily operations 24 hours a day.

Health care organizations use Patient Safety Briefings to help increase staff awareness of patient safety issues, create an environment in which staff share information without fear of reprisal, and integrate the reporting of medication safety issues into daily work. They are a simple, easy-to-use tool that front-line staff can use to share information about potential patient safety issues and concerns on a daily basis. Over time, Patient Safety Briefings help organizations create a culture of safety, reduce the risk of medication errors, and improve quality of care.

A Patient Safety Briefing tool was developed by the Regional Patient Safety Coordinator based on best practice and has been put into practice regionally. The Regional Patient Safety Coordinator visits departments and works through the Patient Safety Briefing tool with staff. Staff have the opportunity to voice their concerns and any issues pertaining to the safe care of our patients. All information is compiled after the briefing, shared with the manager of the area and used to provide feedback to staff.

The ultimate goal is for the Briefing to become a tool that staff are comfortable with and can use on their own, with or without a manager or other facilitator.

PERFORMANCE STORY QUALITY IMPROVEMENT - LEAN

This past January, Manitoba Health and Healthy Living provided the RHAs with the opportunity to participate in a 2 day Lean Training session, with follow up training to come over the next 4 years. At our 2 day session we had 20 people throughout the NOR-MAN RHA participate and learn about Lean.

So What is Lean?

Lean, is a quality improvement methodology that considers the expenditure of resources for any goal other than the creation of value for the end customer to be wasteful, and thus a target for elimination. Lean is derived mostly from the Toyota Production System (TPS) and is the set of "tools" that assist in the identification and steady elimination of waste. As waste is eliminated quality improves while production time and cost are reduced. Lean implementation is therefore focused on getting the right things to the right place at the right time in the right quantity to achieve perfect work flow, while minimizing waste and being flexible and able to change.

Our First Lean Rapid Improvement Project: The maintenance department within the NRHA has recognized that there are several opportunities to improve their maintenance requisition process. With the help of Manitoba Health staff, the Maintenance department began a 120 day Rapid Improvement event to improve the quality of their services while streamlining the process.

We have initiated a project to:

- Review and analyze the current maintenance requisition process and software.
- Look at areas where improvements can be made.
- Measure and analyze whether or not the changes implemented to improve services have resulted in improving quality, efficiency and reducing costs.



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In both the Flin Flon General Hospital and St. Anthony's Hospital in The Pas, the team has posted "Quality Boards" outside the maintenance departments on which they are tracking their progress as they work through the Lean process. The project's 120 day timeline is set to be completed by the end of November 2011.

PERFORMANCE STORY **NOR-MAN RHA MEDICAL CLINIC (Flin Flon)**

The NRHA Medical Clinic, Flin Flon opened February 1st, 2011 on the 3rd floor of the Flin Flon General Hospital. This 1938 wing included 6770 square feet of office space, and was renovated into the Medical Clinic. The business case was approved at Manitoba Health in March 2010.

Key features of the new Medical Clinic:

- **Advanced Access** – the clinic operates using the Advanced Access Model of care. Advanced Access is about reengineering clinic practises so that patients can see a physician at a time and date that is convenient to them. Advance Access training is ongoing, data is examined on a weekly basis so staff may be involved in ways to improve flow and process in the clinic.
- **One Stop Service for Physicians and Diagnostic Services** – Physician and diagnostic services are all located in the Flin Flon General Hospital making it easier for patients and staff to access services.
- **Electronic Medical Record** – The EMR and Electronic Health Record (EHR) have been implemented to access health information in a timely fashion and keep patient information current and up to date. Communication and referrals to other health disciplines locally and provincially is helping to increase services to the people of this community.
- **Clinical services:**
 - Two Fee for Service Family physicians
 - Five contracted Family physicians
 - Full-time Itinerant surgical service, offering a wide range of surgical procedures locally
 - MB Telehealth service in a dedicated consultation area
 - Wheel chair accessible washrooms
 - Comfortable patient waiting area accommodating 40 people
 - Improved parking lot to accommodate additional traffic. Additional parking space to accommodate handicapped, and baby friendly parking.



CAPTIAL PROJECTS

Capital Projects completed in 2010-2011:

Location	Project
Flin Flon General Hospital	Security Upgrade
Flin Flon General Hospital	Morgue Cooler Replacement
Flin Flon & The Pas Long-Term Care Facilities	Security Upgrade
St. Paul's - The Pas	Condensate Upgrade
Cranberry Portage - EMS	Overhead Door Repairs
Grand Rapids - EMS	Security Upgrade
Flin Flon General Hospital	Ultrasound Upgrade
The Pas Health Complex	Operating Room Medical Gas Upgrade
Flin Flon General Hospital	Domestic Hot Water & Fire Upgrade

Capital Projects approved by MB Health for 2011-2012:

Location	Project
Flin Flon Personal Care Home	Sprinkler System Installation
The Pas Health Complex	Decontamination Shower/Emergency Room Entry Renovation
Regional	Asbestos Abatement
The Pas Health Complex	Facility Key System Replacement
Flin Flon General Hospital	Facility Key System Replacement
Northern Lights Manor	Water Supply Reconfiguration
Flin Flon General Hospital	Boiler #2 Door Refractory Replacement
The Pas Health Complex	Boiler Repairs #1
The Pas Health Complex	Control Air Compressor
Snow Lake Health Centre	Window Replacement
Flin Flon General Hospital	Kitchen Cooler/Freezer Replacement
Snow Lake Health Centre	Roof Insulation
Northern Lights Manor	Ceiling Lift Installation
Northern Lights Manor	Ceiling Track Replacement



CHALLENGES

Based on our unaudited financial statement for the year ending March 31, 2011, there was a 2.0% increase in expenses. Areas of note include:

Program-related Increases

There were increases in operating expenses over the past fiscal year in a number of sectors, most notably: Medical Remuneration (4.8%), Regional Costs (18.6%), Home Care (7.4%), and Long-Term Care Aging in Place (52.4%). Contributing factors to the increases include: reallocated costs, negotiated physician contract increases, increasing clinical acuity in home care clients, inflationary increases, and transportation cost/volume increases.

Aging Equipment

Our basic and specialized equipment is aging with many critical pieces of equipment being at their end of the useful lifespan. The basic equipment allocation is insufficient to be able to strategically plan for replacement. Of note, in the 2011-12 budget process we had \$1.3 million in requests for basic equipment yet our funding allocation is less than \$300,000. The basic equipment provision is also not sufficient to allow for the ever greening of equipment. Our specialized equipment requests submitted in our Health Plan continues to grow each year and we are often faced with submitting an emergent request to the department for replacement when a piece of equipment fails.

Information Technology

NRHA's investment in Information Technology is at 0.68% of our total budget for the past several years. The national benchmark is 4.0%. In addition, we have the lowest budget allocation dedicated to IT in comparison to the rest of the Regional Health Authorities in Manitoba. Due to our ongoing deficit, we have been unable to invest more into information technology to keep up with the national benchmark.

Currently, we have three (3) IT staff technicians who are responsible for managing approximately 1000 user accounts, 400 workstations, 150 printers/copiers, 30 servers, 30+ switches and routers, and a large number of applications geographically dispersed throughout the region. Also the IT portfolio is responsible for our telecommunication systems (soon to be VOIP). 150+ wireless communication devices (pagers/cell phones etc.) are currently being managed by IT as well as our security systems (door/card access), local area networks, and wide area networks which are spread out over many of our communities. We have submitted a General Operating Schedule in our Health Plan for this critical volume pressure. To ensure quality IT within our region and across the province more funding needs to be provided.



2011 – 2016 STRATEGIC DIRECTIONS AND PRIORITIES

The 2011-2016 Strategic Plan for the NOR-MAN Regional Health Authority is a progressive document that builds on the work and planning that has been underway in our region since the Authority's inception in April 1997. It is the culmination of an extensive community health assessment process, including an understanding of our shifting demographics, future health care trends, as well as regional and provincial government directions. It reflects the voices of internal and external stakeholders, an in-depth understanding of the communities we serve and the health issues that are impacting our residents.

Our Vision speaks to the important role we all play in improving the health of ourselves, our families and our communities - **Healthy People in Healthy Communities**. Our Mission recognizes that the only way we will be able to accomplish our vision is by working together - **Working Together to Improve our Health**. Our Values guide the way we work everyday with each other, and with our patients and with our many stakeholders - We believe in a people centered health system based on the values of; **Respect, Compassion, Integrity, Teamwork and Leadership**.

As stated in our 2009/10 CHA Report we continue to be one of the unhealthiest regions in the province. Whether people are healthy or not, is determined by factors such as where we live, the state of our environment, our income, our education level, and our relationships with friends and family. During our consultations, community members spoke about how many of these factors affect their health.

Our **Strategic Directions** were established based on our strong belief in a holistic view of health which reflects the importance of individual and collective responsibility for achieving optimal health. We also believe that in order to provide a quality health care system, we must strive for a healthy workplace and a sustainable organization that is committed towards excellence and innovation.

We will strive for:

Healthy People - Partnering with our communities in addressing the broader influences of health by:

- Engaging citizens as partners to support healthy living, self management and advocacy
- Creating healthy communities through collaborative partnerships.

Healthy Communities - by providing quality health care and services that enable all individuals to pursue optimum health by:

- Applying an evidence-base holistic approach to services that are centered on the client and his or her family
- Coordinating services to provide the right service, at the right place, at the right time
- Fostering an environment of client safety

Healthy Workplace - Striving to be an employer of choice by:

- Recruiting and retaining the best people that reflects the diversity of our region
- Building a healthy, safe, respectful and supportive work environment
- Providing opportunities for education and development to strengthen leadership in all

Healthy Organization - having a sustainable and innovative system that supports healthy people, healthy communities and healthy workplaces by:

- Building a sustainable organization that balances resources with the needs of the clients we service
- Aligning resources (people, processes and technology) to foster creativity and innovation.
- Strengthening accountability and transparency



ONGOING CHALLENGES

The challenges that we identified in our last Strategic Plan (2006/11) are ongoing and will continue to be areas that to require our attention in 2011/16:

Resources Allocation

Challenge – shifting resources (both human and financial) to prevention and promotion

Jurisdictional Issues

Challenge – as we are not mandated to provide all health services in all NOR-MAN communities, ongoing partnerships with Aboriginal agencies will continue to be critical for us

Recruitment and Retention

Challenge – the need to continue investing in developing northern human resources and recruiting and retaining qualified staff

Awareness of Services

Challenge - the need to increase our residents' knowledge of available NRHA health care services/ programs as well as how to access these services/programs

Cultural Sensitivity

Challenge – we need to continue to strive for a health care delivery model that is culturally sensitive. We have struggled in the past few years to find a suitable model for delivering cultural sensitivity training for our staff

Telehealth

Challenge – to improve access to clinical services. There is a need to extend Telehealth Services to our Primary Health Care Centres, Moose Lake, Cormorant, Cranberry Portage and Sherridon. We also need to expand our ability to network with Saskatchewan sites and advocate for increased physician access to Telehealth in Winnipeg

Infrastructure

Challenge – ongoing improvements and maintenance to our facilities is required as a result of our aging infrastructure

Funding Levels

Challenge –ongoing funding levels and deficit situation has been identified to Manitoba Health for the past several years as a significant challenge. The majority of our deficit is directly related to the Northern Patient Transportation Program (NPTP), insufficient medical remuneration funding and human capital, which leaves little room for reallocation for areas identified as critical/essential.



KEY FINANCIAL INDICATORS

Figure 14

ADMINISTRATIVE COSTS

Regional Health Authority	2004/05 %	2005/06 %	2006/07 %	2007/08 %	2008/09 %	2009/10 %
Assiniboine	5.0	5.0	5.0	5.3	5.4	5.1
Brandon	3.7	3.6	3.7	3.7	3.9	4.0
Burntwood	5.9	6.2	6.2	6.0	6.2	5.8
Cancer Care	5.7	5.3	4.3	4.4	4.7	4.6
Central	5.0	5.2	5.8	5.6	5.3	4.9
Churchill	9.6	10.4	10.2	11.5	10.3	10.0
Interlake	4.9	4.5	4.5	4.8	4.9	5.0
NOR-MAN	5.1	4.8	5.1	4.9	5.0	5.1
North Eastman	6.3	6.6	6.3	6.3	6.7	6.3
Parkland	5.4	5.4	5.4	5.1	5.3	5.3
South Eastman	5.1	5.2	5.1	6.1	6.5	6.1
Rural Average	5.0	5.0	5.3	5.1	5.2	5.1
Winnipeg	6.0	4.6	4.4	4.2	4.1	4.0
Manitoba Average	5.6	4.7	4.6	4.5	4.5	4.4

Data Source: Manitoba Health & Healthy Living, Management Information System (MIS)

Figure 15

NRHA ADMINISTRATIVE COSTS 2010/2011

Corporate = \$3,763,866 = 3.95%

Patient Care Related = \$173,794 = 0.18%

HR & Recruitment = \$1,213,918 = 1.27%

Total Administration = \$5,151,578 = 5.40%

The Public Interest Disclosure (Whistleblower Protection) Act

The *Public Interest Disclosure (Whistleblower Protection) Act* came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counseling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by
NOR-MAN Regional Health Authority for fiscal year 2010 – 2011:

Information Required Annually (per Section 18 of The Act)	Fiscal Year 2010 – 2011
The number of disclosures received, and the number acted on and not acted on. <i>Subsection 18(2)(a)</i>	0 Received
The number of investigations commenced as a result of a disclosure. <i>Subsection 18(2)(b)</i>	NIL
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. <i>Subsection 18(2)(c)</i>	NIL



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FINANCIAL INFORMATION

The following financial information was extracted from the Audited Financial Statements reported on by Kendall Pandya in the Auditor's Report dated June 14, 2010. In accordance with the Public Sector Compensation Disclosure Act, the NOR-MAN Regional Health Authority has disclosed the information required by this Act in our Auditor's Supplementary Financial Information which has been certified by our Auditor to be correct. Also in accordance with said Act, a complete set of Financial Statements, Auditors Report and the Statement of Public Sector Compensation Disclosure are available by contacting the NOR-MAN RHA Corporate Office at (204) 687-1300 or Toll Free at 1-888-340-6742. Our Annual Report is also published on our web-site: www.norman-rha.mb.ca.

Letter From the Auditors

KENDALL PANDYA

Chartered Accountants

76 Main St., P.O. Box 175, Flin Flon, MB R8A 1M7 (204) 687-8211 Fax 687-2957

AUDITOR'S REPORT

To the Chairperson and Board of Directors

We have audited the statement of financial position of NOR-MAN Regional Health Authority Inc. as at March 31, 2010 and the Statements of Operations, Net Assets, Deferred Contributions, and Cash Flow for the year then ended. These financial statements are the responsibility of the Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Nor-Man Regional Health Authority Inc. as at March 31, 2010 and the results of its operations and cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Flin Flon, MB
June 14, 2010

Chartered Accountants



NOR-MAN REGIONAL HEALTH AUTHORITY - 2010/11 ANNUAL REPORT

**NOR-MAN REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF FINANCIAL POSITION
AS AT MARCH 31, 2011**

ASSETS

	<u>Notes</u>	<u>2011</u>	<u>2010</u>
CURRENT ASSETS			
Accounts receivable	2a	\$ 1,481,354	\$ 1,525,134
Due from Manitoba Health	2b	9,491,062	8,020,427
Inventories			485,505
		448,780	
Prepaid expenses		25,731	396,518
		11,483,652	10,390,859
DUE FROM MANITOBA HEALTH	2c	2,654,372	2,654,372
CAPITAL ASSETS	5	30,191,879	30,937,648
		<u>\$44,329,903</u>	<u>\$43,982,879</u>

LIABILITIES

CURRENT LIABILITIES			
Bank indebtedness		\$ 7,112,534	\$ 6,805,357
Accounts payable		4,380,488	3,777,364
Accrued vacation benefit entitlements		4,149,792	3,770,244
Current portion of capital lease		53,764	50,771
Current portion of long-term debt		219,500	219,504
			15,916,078
		14,623,240	
LONG-TERM DEBT			
CAPITAL LEASE	10	2,073,590	2,293,086
DUE TO MANITOBA HEALTH	12	47,126	100,890
DUE TO DSM – PRE-RETIREMENT OBLIGATION		6,120,000	6,551,946
ACCRUED PRE-RETIREMENT OBLIGATIONS	6	423,540	382,098
		4,375,482	4,117,475
DEFERRED CONTRIBUTIONS			
Expenses of future periods	3		2,176,881
		2,216,414	
Capital assets		25,928,700	26,917,736
NET ASSETS			
Invested in capital assets	4	3,546,209	3,032,570
Restricted	f	9,185	6,077
Unrestricted		(16,286,888)	(16,259,185)
		<u>\$44,329,903</u>	<u>\$43,982,879</u>

COMMITMENTS (Note 11)
CONTINGENCIES (Note 13)

Approved by the Board:



NOR-MAN REGIONAL HEALTH AUTHORITY - 2010/11 ANNUAL REPORT

See accompanying notes.

NOR-MAN REGIONAL HEALTH AUTHORITY INC. STATEMENT OF OPERATIONS AS AT MARCH 31, 2011

	<u>2011</u>	<u>2010</u>
REVENUE		
Manitoba Health - Note 7	\$87,317,828	\$75,583,086
Non-insured income	3,866,132	6,642,419
Other income	1,496,052	2,293,698
Amortization of deferred contributions	3,373,573	3,446,843
Ancillary revenue		<u>1,256,220</u>
	<u>1,645,118</u>	
	<u>97,309,805</u>	<u>89,611,164</u>
EXPENSES		
Acute care		34,812,538
	35,165,535	
Long-term care	10,504,177	10,762,422
Medical remuneration	15,928,392	15,204,855
Community services co-ordination	601,469	638,588
Community based mental health	1,561,020	1,625,119
Community based home care	5,555,627	5,170,681
Community based health	3,852,085	4,032,420
Land ambulance	2,645,882	2,705,142
Unallocated Regional health authority costs	6,167,825	5,206,125
Amortization of capital assets	3,366,130	3,423,067
Interest on capital lease	7,383	8,593
Northern Patient Transportation	8,835,813	7,734,744
Pre - retirement	778,868	817,742
Rosaire House Addictions Centre	740,986	742,306
Long-term care - Aging in Place	41,457	27,202
Ancillary expenses	<u>1,421,639</u>	<u>1,662,354</u>
	<u>96,821,291</u>	<u>94,926,895</u>
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES	<u>\$ 488,514</u>	<u>\$ (5,315,731)</u>

See accompanying notes.



NOR-MAN REGIONAL HEALTH AUTHORITY - 2010/11 ANNUAL REPORT

**NOR-MAN REGIONAL HEALTH AUTHORITY INC.
STATEMENT OF CASH FLOW
AS AT MARCH 31, 2011**

	<u>2011</u>	<u>2010</u>
CASH FLOWS FROM OPERATING ACTIVITIES		
Excess (Deficiency) of revenue over expenses	\$ 488,514	\$(5,315,731)
Items not affecting cash		
Amortization of capital assets	3,366,130	3,423,067
Amortization of deferred contributions	(3,373,573)	(3,446,843)
Change in non-cash working capital	(107,135)	(1,879,728)
Change in pre-retirement liability	<u>(258,007)</u>	<u>(549,532)</u>
	<u>115,929</u>	<u>(7,768,767)</u>
CASH FLOWS FROM INVESTING AND FINANCING ACTIVITIES		
Purchase of capital assets	(1,166,870)	(316,834)
Construction in progress expenditures	(1,381,744)	(2,384,144)
Increase (decrease) in long-term debt	(219,496)	2,729,797
Receipt of contributions relating to capital assets	2,384,537	1,633,639
Receipt of contributions relating to expenses of future periods	<u>(39,533)</u>	<u>14,936</u>
	<u>(423,106)</u>	<u>2,477,394</u>
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	(307,177)	(5,291,373)
CASH (BANK INDEBTEDNESS), beginning of year	<u>(6,805,357)</u>	<u>(1,513,984)</u>
CASH (BANK INDEBTEDNESS), end of year	<u>\$(7,112,534)</u>	<u>\$(6,805,357)</u>



NOR-MAN REGIONAL HEALTH AUTHORITY - 2010/11 ANNUAL REPORT

NOR-MAN REGIONAL HEALTH AUTHORITY INC. NOTES TO FINANCIAL STATEMENTS AS AT MARCH 31, 2011

1. ECONOMIC DEPENDENCE

The Authority is funded primarily by the Province of Manitoba in accordance with budget arrangements established by the Ministry of Health.

2. ACCOUNTS RECEIVABLE/DUE FROM MANITOBA HEALTH

	<u>2011</u>	<u>2010</u>
(a) Accounts Receivable		
Ambulance	\$ 507,021	\$ 608,018
Residents	747,536	638,153
Employees computer loans	93,795	86,529
Government of Canada	72,888	107,189
Sundry	88,330	118,738
	<u>1,509,570</u>	<u>1,558,627</u>
Less allowance for doubtful accounts	<u>(28,216)</u>	<u>(33,493)</u>
	<u>\$1,481,354</u>	<u>\$1,525,134</u>
(b) Due from Manitoba Health		
Out of Globe – 2008	\$ 787,214	\$ 787,214
Out of Globe – 2009	1,526,672	1,526,672
Out of Globe – 2010	955,376	873,306
Out of Globe – 2011	1,389,206	-
Ancillary Programs	24,950	65,535
Trades Wage Standardization - 2009	-	38,692
2009 – 2010 Maternity Leave Top-Up	-	31,405
2010 - 2011 Maternity Leave Top-Up	58,027	-
Facility Support Settlement – 2009	123,570	41,190
Trades Settlement – 2009	12,671	4,224
Trades Settlement – 2010	63,018	-
Trades Market Adjustment – 2010	25,920	-
Trades Settlement – 2011	32,423	-
Trades Market Adjustment – 2011	5,758	-
Community Support Settlement – 2010	236,088	-
Community Support Adjustment – 2011	79,057	-
2009 – 2010 Extended Health Benefit	184,926	184,926
2010 – 2011 Extended Health Benefit	205,484	-
2010 – 2011 HEB Spending Account	9,084	-
2010 – 2011 HEPP Contribution Increase	65,853	-
PCH Staffing	106,051	201,162
Debt Servicing	37,002	-
CHA – Q4	-	32,649
Vacation benefit entitlements	2,839,934	2,839,934
Capital Projects – Cash Payments	238,612	301,291
H1 N1	-	239,938
Pre Screening Interview	-	(1,877)
2009 – 2010 Pre-retirement Program	-	625,000
2010 – 2011 NPTP payment	255,000	-
2009 – 2010 SK Health 13th Payment	229,166	229,166
	<u>\$ 9,491,062</u>	<u>\$8,020,427</u>
(c) Due from Manitoba Health		
Pre-retirement obligation entitlements	<u>\$ 2,654,372</u>	<u>\$2,654,372</u>

The amount recorded as a receivable from the Province for pre-retirement costs was initially determined based on the value of the corresponding actuarial liability for pre-retirement costs as at March 31, 2004. Subsequent to March 31, 2004, the Province has included in its ongoing annual funding to Norman Regional Health Authority Inc., an amount equivalent to the change in the pre-retirement liability, which includes annual interest accretion related to the receivable. The receivable will be paid by the Province when it is determined that the funding is required to discharge the related pre-retirement liabilities.



NOR-MAN REGIONAL HEALTH AUTHORITY - 2010/11 ANNUAL REPORT

NOR-MAN REGIONAL HEALTH AUTHORITY INC. NOTES TO FINANCIAL STATEMENTS AS AT MARCH 31, 2011

3. DEFERRED CONTRIBUTIONS

(a) Expenses of future periods

(i) Funds in reserve for major repairs and improvements

Deferred contributions related to funds in reserve for major repairs and improvements represent unspent externally restricted funds from the Province for major repairs and improvements to buildings.

(ii) Donations

Deferred contributions related to donations represent externally restricted unspent amounts of donations for various purposes.

(iii) Grants

Deferred contributions related to grants represent externally restricted unspent amounts of grants for various programs.

(b) Related to capital assets

4. NET ASSETS INVESTED IN CAPITAL ASSETS

Net assets invested in capital assets are calculated as follows:

	<u>2011</u>	<u>2010</u>
Capital assets	\$ 30,191,879	\$ 30,937,648
Amounts financed by:		
Deferred contributions	(25,928,700)	(26,917,736)
Long-term debt	(716,970)	(987,342)
	<u>\$ 3,546,209</u>	<u>\$ 3,032,570</u>

5. CAPITAL ASSETS

	<u>2011</u>		
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net Book Value</u>
Land and land improvements	\$ 599,060	\$ 311,520	\$ 287,540
Buildings	50,415,926	27,516,354	22,899,572
Computer equipment	1,304,764	1,218,417	86,347
Equipment	5,827,541	3,129,535	2,698,006
Construction in Progress	3,526,802	0	3,526,802
Energy Retro Fit Guarantee	693,612	0	693,612
	<u>\$62,367,705</u>	<u>\$ 32,175,826</u>	<u>\$ 30,191,879</u>

	<u>2010</u>		
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Net Book Value</u>
Land and land improvements	\$ 599,060	\$ 303,127	\$ 295,933
Buildings	49,034,182	24,752,871	24,281,311
Computer equipment	1,511,287	1,433,875	77,412
Equipment	5,666,114	3,087,718	2,578,396
Construction in Progress	2,868,916	0	2,868,916
Energy Retro Fit Guarantee	835,680	0	835,680
	<u>\$60,515,239</u>	<u>\$ 29,577,591</u>	<u>\$ 30,937,648</u>



NOR-MAN REGIONAL HEALTH AUTHORITY - 2010/11 ANNUAL REPORT

NOR-MAN REGIONAL HEALTH AUTHORITY INC. NOTES TO FINANCIAL STATEMENTS AS AT MARCH 31, 2011

6. ACCRUED PRE-RETIREMENT OBLIGATIONS

	<u>2011</u>	<u>2010</u>
Members of the Health Employees Pension Plan and Civil Service Superannuation Plan	<u>\$4,375,482</u>	<u>\$4,117,475</u>

The Authority's contractual commitment, based on an actuarial valuation, for the pre-retirement entitlement for members of the Healthcare Employees Pension Plan and the Civil Service Superannuation Plan is to pay out four days of salary per year of service upon retirement if the employee complies with one of the following conditions:

- (i) have ten years service and have reached the age of 55 or
- (ii) qualify for the "eighty" rule which is calculated by adding the number of years service to the age of the employee
- (iii) retire at or after age 65
- (iv) terminate employment at any time due to permanent disability

The Authority undertook an actuarial valuation May 4, 2011 of the accrued retirement entitlements as at March 31, 2011. The significant actuarial assumptions adopted in measuring the Authority's accrued retirement entitlements include mortality and withdrawal rates, a discount rate of 4.7% (2010 – 4.9%) and a rate of salary increase of 3.5% (2010 – 4.0%) plus age related merit/promotion scale with no provision for disability.

Funding for the retirement obligation is recoverable from Manitoba Health on an out of globe basis in an amount equal to the amount receivable at March 31, 2004 of \$2,654,372.



NOR-MAN REGIONAL HEALTH AUTHORITY - 2010/11 ANNUAL REPORT

NOR-MAN REGIONAL HEALTH AUTHORITY INC. NOTES TO FINANCIAL STATEMENTS AS AT MARCH 31, 2011

7. REVENUE FROM MANITOBA HEALTH

Revenue as per Manitoba Health's (March 31 2011 Funding Document)		\$86,743,605
Deduct:		
Payments on prior year receivables	1,339,029	
Capital Equipment funding	136,000	
Ancillary Program	137,654	
Recovery of LTD	(514,002)	
Ambulance	227,532	
Other	<u>90,878</u>	1,417,091
Add: Accruals approved by Manitoba Health:		
2010/2011 Medical Remuneration	1,175,474	
Additional NPTP Funding	255,000	
Doc of the Day Retro Payment	213,732	
2008-2009 Facility Support – 0.4% incremental rollover to 2009-2010	41,190	
2008-2009 Facility Support – 0.4% incremental rollover to 2010-2011	41,190	
2009-2010 Trades CUPE 2.9% rollover to 2010-2011	4,224	
2008-2009 Trades CUPE 0.4% incremental rollover to 2009-2010	4,224	
2009-2010 Trades CUPE 2.9% General increase	31,509	
MBH Receivable Related To 2009-2010 Trades	31,509	
MBH Receivable Related To 2010-2011 Trades	32,423	
MBH Receivable Related To 2009-2010 Trades	12,960	
To record MBH Receivable related to 2009-2010 Trade	12,960	
2009-2010 Community Support MGEU General Increase – 2.9%	118,044	
2009-2010 Community Support MGEU General Increase–2.9% rollover	118,044	
2010-2011 Community Support Special Adjustments – HCA/PR3	79,057	
2010-2011 Trades Market Adjustment	5,758	
2010-2011 Maternity Leave Top-Up Q3	23,500	
2010-2011 Maternity Leave Top-Up Q4	34,527	
2010-2011 Extended Health Benefit – Entire Year	205,484	
2010-2011 HEB Health Spending Account – Q3	5,625	
2010-2011 HEB Health Spending Account – Q4	3,459	
HEPP Contribution Increase Jan 1, 2011 NOR-MAN	61,423	
HEPP Contribution Increase Jan 1, 2011 DSM	4,430	
MB Health for Debt Servicing	37,002	
PCH Staffing Q4	106,051	<u>2,658,799</u>
Total Funding Approved by Manitoba Health		87,985,313
Deduct:		
Amounts recorded as deferred contributions:		
Debt Servicing – Principal & Interest	659,325	
PCH Reserve	8,160	<u>667,485</u>
Revenue from Manitoba Health		<u>\$87,317,828</u>



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NOR-MAN REGIONAL HEALTH AUTHORITY INC. NOTES TO FINANCIAL STATEMENTS AS AT MARCH 31, 2011

8. PENSION PLAN

Most of the employees of the Authority are members of the Healthcare Employees Pension Plan (the "Plan"), which is a multi-employer defined benefit pension plan available to all eligible employees. Plan members will receive benefits based on the length of service and on the average annualized earnings calculated on the best five of the eleven consecutive years prior to retirement, termination or death, that provide the highest earnings. The costs of the benefit plan are not allocated to the individual entities within the related group. As a result, individual entities within the related group are not able to identify their share of the underlying assets and liabilities. Therefore the plan is accounted for as a defined contribution plan in accordance with the requirements of the Canadian Institute of Chartered Accountant's Handbook section 3461.

Pension assets consist of investment grade securities. Market and credit risk on these securities are managed by the Plan by placing plan assets in trust and through the Plan investment policy. Pension expense is based on Plan management's best estimate, in consultation with its actuaries, of the amount, together with the 5% of basic annual earnings up to the Canada Pension Plan ceiling contributed by employees, required to provide a high level of assurance that benefits will be fully represented by fund assets at retirement, as provided by the Plan. The funding objective is for employer contributions to the Plan to remain a constant percentage of employee' contributions.

Variances between actuarial funding estimates and actual experience may be material and any differences are generally to be funded by the participating members. The most recent actuarial valuation of the plan as at December 31, 2004, indicates that the plan is fully funded. Actual contributions to the plan made during the year by the Authority on behalf of its employees amounted to \$2,167,282 (2010 - \$2,272,492) and are included in the statement of operations.

Some of the employees of the Authority are eligible for membership in the provincially operated Civil Service Superannuation Plan. The pension liability for Authority employees is included in the Province of Manitoba's liability for Civil Service Superannuation Fund. Accordingly, no provision is required in the financial statements relating to the effects of participating in the plan by the Authority and its employees.

9. RELATED ENTITIES

The Pas Health Complex Foundation, Inc. (the Foundation) is a non-profit voluntary association whose purpose is the betterment of health care at The Pas Health Complex facilities. While there is no formal relationship between the Authority and this registered Charitable Foundation, the aims and objectives coincide. The Authority regularly provides the Foundation with a listing of project/ equipment requirements for the Foundation to consider in their annual funding process. During the year the Authority received donated equipment valued at \$34,292 (2010 - \$1,737).



NOR-MAN REGIONAL HEALTH AUTHORITY - 2010/11 ANNUAL REPORT

NOR-MAN REGIONAL HEALTH AUTHORITY INC. NOTES TO FINANCIAL STATEMENTS AS AT MARCH 31, 2011

10. ENERGY RETROFIT/MANUFACTURER'S LIFE INSURANCE COMPANY LOAN

In the 2007-2008 fiscal year, the Health Authority entered into an agreement with the Government of Canada, Department of Natural Resource to receive Energy Retro-Fit Assistance. Under the terms of the agreement, MCW Custom Energy Solutions Ltd (MCW) manages and contracts the work to be performed with the amounts, net of the grants, funded by Manufacturers Life Insurance Company (Manufacturers). The Health Authority pays a monthly amount equivalent to the energy savings to Manufacturers with MCW providing an annual payment to the Health Authority for any deficiency of estimated energy savings to actual energy savings.

Although this project is expenditure neutral, the asset and loan have been reflected in these financial statements to ensure payments to third parties are adequately reflected. An expected payout of September, 2021 is implicit in this project with interest at the rate of 6.3%.

11. COMMITMENTS

- (a) The Authority has entered into a 5 year operating lease at \$60,000 per annum and two 15 year operating leases totalling \$211,200 per annum for buildings housing some of its operations. Annual lease payments over the next five years are as follows:

2012	\$271,200
2013	\$271,200
2014	\$271,200
2015	\$271,200
2016	\$271,200

Aggregate future minimum operating lease payments total \$2,172,000.

- (b) The Authority, on behalf of the Province of Manitoba, is making payments of principal and interest related to Province of Manitoba long-term debt. The \$3,433,610 principal balance is reflected as deferred contributions related to capital assets. Funding is received from the Province for the principal and interest payments. Principal payments are estimated over the next five years as follows:

2012	\$406,837
2013	\$387,445
2014	\$358,450
2015	\$312,000
2016	\$312,000



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NOR-MAN REGIONAL HEALTH AUTHORITY INC. NOTES TO FINANCIAL STATEMENTS AS AT MARCH 31, 2011

12. CAPITAL LEASE

The Authority has entered into a 6 year capital lease with the Royal Bank of Canada to purchase beds costing \$294,532. Lease payments of \$4,846 per month include interest at 5.74%. Lease principal payments over the next five years are as follows:

2012	\$ 53,764
2013	\$ 47,126
2014	\$ 0
2015	\$ 0
2016	\$ 0

Aggregate future capital lease payments total \$106,612 including \$5,722 of imputed expenses.

13. CONTINGENCIES

The nature of the health care industry's activities is such that there is usually litigation pending or in prospect at any time. With respect to claims at March 31, 2011, management believes the Authority has valid defences and appropriate insurance coverage in place. In the event any claims are successful, management believes that such claims are not expected to have a material effect on the Authority's financial position.

On July 1, 1987, a group of health care organizations, ("subscribers"), formed Healthcare Insurance Reciprocal of Canada ("HIROC"). HIROC is registered as a Reciprocal pursuant to provincial Insurance Acts, which permits persons reciprocal contracts of the indemnity insurance. HIROC facilitates the provision of liability insurance coverage to health care organizations in the provinces of Ontario, Manitoba, Saskatchewan, and Newfoundland. Subscribers pay annual premiums, which are actuarially determined, and are subject to assessment for losses in excess of such premiums of any experience by the group of subscribers for the years in which they were a subscriber. No such assessments have been made to March 31, 2011.

14. ECONOMIC DEPENDENCE

The Health Authority is economically dependent on Manitoba Health as substantially all the revenue of the organization is funding by Manitoba Health.

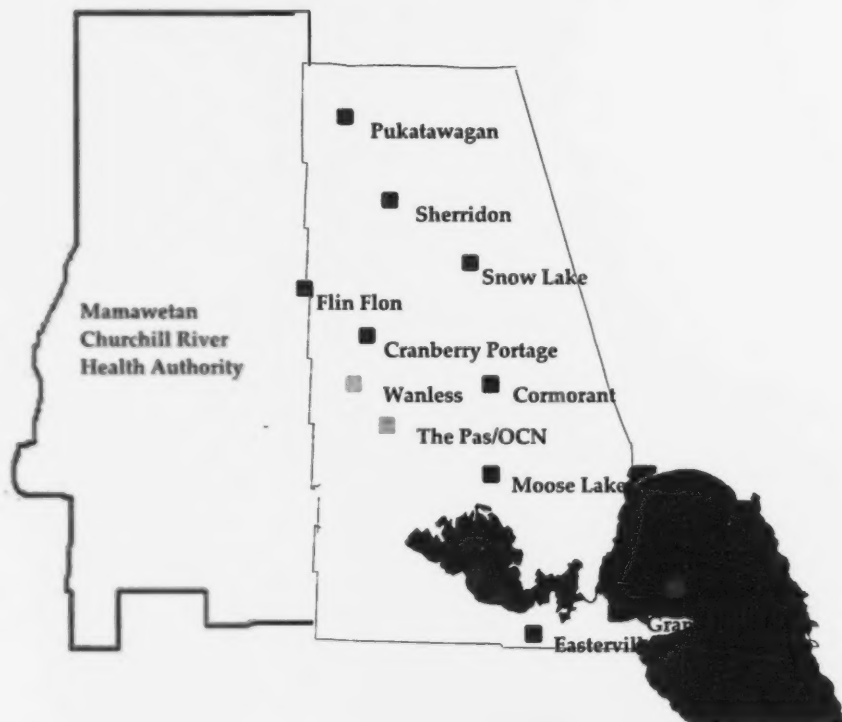
**NOR-MAN Regional Health Authority
2010 – 2011 Annual Report**

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